

Birmingham City Council

The Laurels

Inspection report

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Date of inspection visit: 6 and 8 May 2015
Date of publication: 05/06/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

The inspection took place on 6 and 8 May 2015 and was unannounced.

The Laurels is a care home for up to 17 adults who have a learning disability. Emergency care and short term breaks are provided. Some people stay at the home for an extended period whilst long term care placements are sought. On the first day of our inspection there were nine people staying at the home.

At the last inspection, in April 2014 we found that the provider had breached the Health and Social Care Act 2008 in relation to the assessing and monitoring the

quality of the service. Following that inspection the provider sent us an action plan informing us of the action they would take to address the breach. At this inspection we found that improvements had been made to meet this regulation.

We looked at the ways in which staff minimised the risks to people on a daily basis. We found several instances where risks were not being managed effectively and this placed some people at risk of not being safe. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

A registered manager was based at the service but they were due to transfer to another service. A new manager was in place and had submitted a registration application to us. At the time of our inspection the outcome of this had not been determined. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us they felt safe in the home and felt that the staff made sure they were kept safe. There were good systems for making sure that staff reported any allegation or suspicion of poor practice and staff were aware of the possible signs and symptoms of abuse.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately. The managers and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards but some improvements were needed to protect the legal and civil rights of people using the service.

People were supported to have their mental and physical healthcare needs met and staff made appropriate use of a range of health professionals and followed their advice when provided. People were supported to eat meals which met their needs and preferences.

We observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. People described the staff as being kind and caring and staff spoke affectionately about the people they supported.

There were sufficient numbers of staff available to meet people's individual needs. Staff told us they felt supported and received regular supervision. There were some gaps in the training that staff had received and we were informed that action would be taken to address this.

People who lived at the home, their relatives and staff were encouraged to share their opinions about the quality of the service. We saw that the provider had a system in place for dealing with people's concerns and complaints.

Improvements were needed to the quality assurance systems to help the service to deliver high quality care. There were procedures in place to monitor the quality of the service, however audits were not effective and had failed to identify some issues identified at this inspection.

Summary of findings

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 safe. We found several instances where risks were not being managed effectively.

Systems were in place for the management and administration of medicines but care staff did not have sufficient information about the medication they administered.

There were sufficient numbers of staff available to meet people's individual needs.

Staff were aware of the signs of abuse and knew the correct procedures to follow if they thought someone was being abused.

Requires Improvement



Is the service effective?

The service was not effective.

Improvements were needed to protect the legal and civil rights of people using the service.

Staff had not received all of the training they needed to make sure they had sufficient knowledge and were skilled to meet people's needs effectively.

People were supported to have enough suitable food and drink when they wanted it and staff understood people's nutritional needs. People had access to health care professionals to meet their specific needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and supported to pursue their interests and hobbies in the home and the community.

The staff encouraged and enabled people to have contact with relatives and friends, where possible.

People told us they were aware of how to make a complaint and were confident they could express any concerns.

Good



Summary of findings

Is the service well-led?

The service was not always well-led.

There were procedures in place to monitor the quality of the service, however audits were not effective and had failed to identify some issues identified at this inspection.

The provider did not complete an analysis of all incidents and accidents to identify if there were any patterns and trends where action was needed.

People, relatives and staff said the managers were approachable and available to speak with if they had any concerns.

Requires Improvement



The Laurels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 8 May 2015 and was unannounced. The inspection team comprised of two inspectors 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.

Before the inspection we looked at the information we already had about this provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. These help us to plan our inspection. The provider was asked to

complete 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 improvements they plan to make. This information was received when we requested it.

During our inspection we spoke with three people who were receiving care. Some people's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. We spoke with both managers and five care staff. We looked at the care records of three people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

We spoke with the relatives and carers of six people who had used The Laurels. We also received information from one social worker, a community nurse and an advocate. The registered manager sent us further information following our inspection which was used to support our judgment.

Is the service safe?

Our findings

People who were able to talk to us told us that they felt safe. Other people looked relaxed in the company of staff. People's relatives and carers did not raise any concerns about people's safety. One relative told us, "It's the only place I feel reassured and have no worries. I know [person's name] will be safe."

We looked at the ways in which staff minimised the risks to people on a daily basis. We found several instances where risks were not being managed effectively. One person was assessed at being at risk of falls and their risk assessment directed that they should not be left unsupervised. We saw that staff usually followed this instruction but on one occasion we found the person sitting in the lounge with no staff present. This put them at greater risk of having a fall and was contrary to the support plan in place. Another person had a health condition that was well managed but could lead to circumstances where emergency action may be required from staff. We found there were no guidelines for staff to follow should an incident take place. Whilst all of the staff we spoke with were able to describe actions that should keep the person safe, none of the staff were consistent in the actions they described and so it was not clear what was expected of them.

We looked at risk assessments that included medication, community access and emergency evacuation of the premises. Some of the information was contradictory or did not apply to the Laurels. One person's risk assessment said they needed staff support if they went out in a taxi but during our inspection we saw that they went out in a taxi without staff support. The manager told us the risk assessment was not accurate and did not reflect the person's care needs. Another person was identified as being at risk due to their vulnerability however their risk assessment was unclear about how staff were to reduce this risk. Staff told us about the steps they had taken to ensure that the risk was reduced however we found there were some other risk factors that had not been fully considered where the safety measures were not comprehensive. Following our inspection the registered manager told us they would be introducing further measures to reduce the risks to this person. This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 12.

There were policies and procedures available in the home regarding safeguarding and whistle-blowing. The provider had previously informed us of some concerns they had received from a whistle-blower and the outcome of their investigation. This showed the provider had taken these concerns seriously.

There was information on display to people about how to contact the local authority if people felt they had been abused. This was in a format that was easy for people to understand. Information was also available to people about local advocacy services. At monthly meetings held with people staff explained to people what safeguarding was and the action they should take if they felt they were at risk of abuse.

Staff demonstrated that they were aware of the signs of possible abuse of people and they knew what action to take should they suspect that someone was being abused. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. Not all of the staff were aware of the external agencies they could contact if they felt the provider was not taking safeguarding concerns seriously.

Since the last inspection some matters have been brought to our attention regarding events which were reported to the local authority for investigation under safeguarding procedures. These had been reported by the registered manager or staff of the home which this showed that the registered manager and staff were aware of the procedure to follow when there were incidents or allegations. One care professional told us that a person who had stayed at the home was subject to a safeguarding plan and staff had been instrumental in ensuring that the plan was effective.

People told us there were enough staff to meet their needs and people's relatives, carers and health care professionals did not raise any concerns with us about staffing levels. One relative told us, "There are always enough staff when I have visited."

We spoke with staff about the staffing arrangements in the home. The staff we spoke with told us that staffing levels were satisfactory. One member of staff told us, "Staffing levels are okay as we have had a lot of new staff transfer here." The manager told us that changes had been made to

Is the service safe?

staffing arrangements so that they were now more flexible and that staffing levels were increased or decreased based on the needs and numbers of people staying at the home. This was supported by the staff rotas we sampled.

The registered manager was supported in the recruitment and selection process by the provider's human resource department. The provider had not recruited new staff for some time however we saw that the provider had a robust recruitment processes when necessary. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Evidence was available to show that staff working in the home had a DBS check completed. This showed that checks had been completed to help reduce the risk of unsuitable staff being employed.

We looked at the way medicines were stored, administered and recorded. Medicines were only handled by staff who

were trained to do so. There were suitable facilities for storing medicines. The records for each person's medication contained a photograph of the person and instructions for staff to explain when to give medicines which were prescribed 'as required'. The records of the administration of medicines were completed by staff to show that all prescribed doses had been given to people. People received the medicines which had been prescribed for them in the correct doses. One person's relative told us, "They are good with his pills, they are in blister packs and they give him what he needs."

One member of staff who had been trained to administer medication we spoke with did not give an accurate account of what some prescribed medications were for. Information about what medication was for was not available in people's care plans or their medication records. This meant that care staff did not have easy access to information about the medication that they were prompting people to take.

Is the service effective?

Our findings

We asked staff about their induction, training and development. Staff told us they felt supported and received regular supervision. The Laurels had several staff who had recently transferred from another of the provider's care homes. We were shown evidence that staff had completed an induction to the home and the staff we spoke with said they were satisfied with the induction they had received.

We talked to staff about how they delivered effective care to the people who used the Laurels. They showed that they knew each person's needs and preferences well and had the necessary skills to carry out the required tasks. Staff had received training that helped them to meet the needs of the people that came to stay at the Laurels such as epilepsy awareness and autism. Staff had recently completed training in peg feeding, this is where a person is assisted to maintain their nutrition via a feeding tube. Not all of the staff had received training in managing behaviour that may challenge the service, however we were informed that this was scheduled to take place in the next month. Training records showed that many of the staff were due refresher training in moving and handling and using the hoist. The manager told us this was something that had been overlooked and would be arranged.

During our inspection we observed staff seeking consent from people regarding their every day care needs. However there were some improvements needed with regards to consent. Some people had consent forms in their care files to cover areas such as medication administration, checks at night time and assistance with finances. For some people a relative had given consent on behalf of the person. There was no information to show how the person's capacity to consent had been assessed or if the relative had a power of attorney (POA). Unless a POA was in place a relative cannot give consent on behalf of another person.

We looked at whether the provider was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults using services by ensuring that any restrictions on their freedom and liberty are assessed to establish whether the restrictions are needed. The registered manager was able to evidence

that DoLS applications had been made appropriately for people where there was doubt about their consent to stay at the home for an extended stay. When necessary the provider had sought advice from the local authority DoLS team to identify if an application was necessary. The registered manager told us that anyone who did not have capacity would be supported to return to their home should they express a wish to do so and it was in their best interests. Consultation was needed with the local authority DoLS team regarding if applications were needed for people who were unable to go home if their relatives were unavailable to collect them.

We asked people about the meals and drinks on offer. People told us they liked the food and had choices of what to eat. They said they had different foods each day and could have additional portions if they wanted. One person told us, "The food is nice, I have a choice, and I like the curries." One relative told us, "[Person's name] likes the food here, staff ask what he likes."

People told they had enough to drink and they could access the kitchenette to make a hot drink when they wanted but needed support from staff to do this. A water cooler was available and we saw that people were supported to have frequent drinks during our inspection. We observed a meal during our visit. Staff supported people who needed assistance to cut up their food, or to eat their meal. People's likes, dislikes and food preferences were recorded and were known by all of the staff we spoke to. We saw that care plans for two people identified that their weight should be monitored monthly. This was being done but there had been no assessment or details available to identify if either of the people were over or underweight.

The service worked closely with other healthcare professionals involved in each individual person's care, to ensure their needs were met. People were supported to attend healthcare appointments such as visiting the GP during their respite stay. On one of the days of our inspection staff had identified that one person was unwell and had made arrangements for them to receive input from a health professional. A relative told us, "If ever [person's name] is poorly when he is here then they deal with it really well. They let us know and seek medical attention."

Is the service caring?

Our findings

People we spoke with told us they really liked staying at The Laurels and that all of the staff were very caring and polite. One person told us, "My keyworker is really nice." Relatives and carers of people who had used The Laurels were very complimentary about the staff who worked there. Comments we received included, "They are all nice and friendly. They all make him welcome" and "The staff are excellent."

We saw that people looked well cared for. People were supported to attend to their personal care needs and to choose that they wanted to wear. A relative told us, "They look after the personal care side of things really well. [Person's name] is always clean and smart when he comes home."

On day one of our visit we saw some occasions when people had little interaction from staff. However, this was not reflective of the rest of our inspection. At all other times we observed positive interaction between staff and people who used the service and saw people were relaxed with staff and confident to approach them for support. We observed one person going out in to the garden to have a walk. Staff reminded them that it was very cold outside and asked if they wished to put a coat on.

On one of the days of our inspection there was a delay in people being served their lunch time meal. People were sat at the dining table for some time. Staff recognised that this may cause one person to become anxious. They provided the person with an activity that they enjoyed so that they remained relaxed while they waited for their meal.

We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive

manner. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. A care professional told us that the staff they had met appeared to have good knowledge of the people they were supporting.

During the inspection we observed staff assisting people in making some choices about what they would like to eat and drink and the activities they wanted to do. We asked about the arrangements to help people who had communication difficulties to choose their meals. We were told that there were some pictures available of some of the meals on offer. We noted that the pictures of food were limited in number and were not available for all of the meals on offer.

Staff demonstrated that they respected people's rights and choices by affording them privacy when they wanted this. For example, on the day of the inspection, some people had chosen to spend time in their bedrooms or small quiet lounges. Staff respected this choice. One person confirmed that staff always knocked and sought permission before entering their room.

Some opportunities were available to people to promote their independence. People had access to a small kitchen area where they could make their own drinks with staff support. During our visit some people made cakes with support from staff and we saw that they enjoyed this.

Regular group meetings were held with people at the home where they were informed and consulted about some aspects of the running of the home. The minutes of these meetings were available in large print using simple sentences and pictures to make them easier for people to understand. The minutes of recent meetings were not easily accessible to people and this was rectified when we brought this to the attention of staff.

Is the service responsive?

Our findings

We were informed that since our last inspection the provider had introduced new care plan documentation. These had been completed for the three people whose care records we looked at. We saw they were individual to the person and included information about people's likes and preferences. Relatives and carers of people told us that staff was responsive to the person's needs and that review meetings were arranged at least annually. One relative told us, "They always involve [person's name] in the review and they do listen to them."

Some people used behaviour to communicate how they were feeling. Care professionals had been consulted and we saw written records that directed staff on how to support people during these times. For one person it had been recommended that they needed the use of pictorial aids during their stay at The Laurels and we saw these were in use. A care professional told us that for one person the manager had contacted them promptly when there was an issue with behaviour and that protocols and risk assessments had been completed promptly.

We found that people were supported to stay in touch with their family and people important to them. Relatives we spoke with told us that they were made to feel welcome, that people living in the home were supported to make visits to their family home when required and that the staff kept them informed of any changes in the person's well-being. One relative told us, "I would 100% recommend The Laurels to other families."

People told us staff encouraged them to do different activities when they stayed at the home. People had the

opportunity to undertake activities as a group and to pursue specific activities that were of individual interest to them. One person's relative told us, "There are always things going on and there is a nice atmosphere." Another relative told us that a person had been invited to take part in an organised day trip even though they had not been staying at the Laurels at the time. This helped people to stay in touch with the friends they had made at the home. Some people continued to attend their day centre placements when they came to stay at the Laurels, although for some people this was not always possible if their day centre was some distance away from the home.

The manager had made the complaints procedure available in formats that people could understand. At monthly 'resident meetings' staff told people how to make a complaint and also checked to see if people had any concerns they wanted to raise. People told us that they could go to the manager and staff if they wanted to complain about anything.

Relatives and carers told us that they felt able to raise issues with any of the staff and they had confidence that they would act appropriately. One relative told us, "I would feel confident to raise any concerns as all of the staff are approachable." Another relative told us, "I did raise some minor concerns and everything was dealt with."

We looked at how a recent complaint had been responded to. The issues had been investigated and action taken to reduce the risk of future occurrences. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Is the service well-led?

Our findings

At the last inspection, in April 2014 we found that the provider had breached the Health and Social Care Act 2008 in relation to assessing and monitoring the quality of the service. Following that inspection the provider sent us a plan informing us of the action they would take to address the breach we found. At this inspection we noted that improvements had been made and that there were no breaches of regulation but some further improvement was needed to ensure people consistently received a good service.

Since our last inspection the provider's group manager for the home had started to complete a management report alongside the registered manager. A recent report highlighted some areas that needed improvement and the progress being made towards improving people's experience. Our previous inspection had identified that the monthly medication audits were only being part completed by staff. We were reassured that this issue had also been identified by the group manager in their latest audit and that action was being taken to address this. However, the provider's audits had not identified all of the issues we identified at this inspection. This included the improvements needed to risk assessments.

The design of The Laurels is not homely in style and the majority of the bedrooms are small and are not ideal for people who are at the home on an extended stay. We have been told by the provider on a number of occasions that a refurbishment of the building was planned however, no firm dates for this to take place had been provided. At this inspection we were informed a number of options are being explored regarding the environment, to enable improvements to be made and improve the quality of the environment.

People who stayed at the home and their relatives had the opportunity to complete a survey after each stay at the home. The results of surveys were collated and these indicated that most people were satisfied with the service.

Since our last inspection a new manager had been appointed and had applied to be registered with us. The previous manager was still working at the home and this had enabled an extended handover period to take place between the two managers. All of the staff we spoke with told us that both of the managers were approachable. One relative told us, "I have been introduced to the new manager so I know who to speak to if I have any issues." We received positive feedback from care professionals about the management of the home. One care professional told us that the registered manager was receptive to support and had implemented recommendations made.

Both of the managers were not fully aware of their responsibilities under the Health and Social Care Act 2014. Our discussions with the managers showed they were not aware of the implications of the new regulation regarding the duty of candour. . This meant that the provider might not have acted in accordance with current legislation when something went wrong. The service had a copy of Code of Practice on the prevention and control of infections issued by the Department of Health but the manager was not fully aware of the expectations of the Code. We asked what audits were currently in place regarding infection control and the manager told us they did not know. Following our inspection we were informed that some of the domestic staff undertook infection control audits.

We saw that the manager completed a log of accidents and incidents that occurred in the course of providing care and support to people. The reports of accidents and incidents recorded the action that had been taken in response to an incident occurring. We also noted that the provider did not complete an analysis of all incidents and accidents to identify if there were any patterns and trends where action was needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person had not fully assessed the risks to the health and safety of service users receiving care and done all that was reasonably practicable to mitigate any such risks.