

## Barchester Healthcare Homes Limited

# Laurel Bank

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Laurel Bank is a residential care home providing personal and nursing care to 60 people at the time of the inspection. The service can support up to 67 people.

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

We found some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. We found no impact to people however, this could have compromised the quality and safety of the service provided. We have made a recommendation about this. There was a positive staff culture at the service. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

Medicines were not always managed safely. We found examples where people had not been given their medication in line with guidance. We found no impact to people however, people could have been exposed to risk. We have made a recommendation about this. Medicines administration was person centred. People were given time to take their medicines in a calm and patient manner.

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. We found some inconsistencies in documentation for MCA. We have made a recommendation around this. People were involved in their care planning. People told us they enjoyed the food and they were offered choice.

People told us they felt safe living at Laurel Bank. We were told and could see from observations there were enough staff to meet people's needs. One person told us, "I wouldn't be here if I didn't feel safe, I'm too safe if anything." People were given their medicines by staff who were trained to do so. The service was clean and tidy throughout and staff followed good infection prevention practices.

The service had an extensive programme of resident led activities. All the people who lived at the service told us they were happy with the activities and they enjoyed them. Staff had undergone training with a local hospice and understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.

The service was caring. Staff were aware of how to protect people's privacy and dignity and people told us the staff did this well. One person said, "The staff look after me really well." People told us the staff were kind and caring. One person said, "People felt supported to make decisions about their daily lives."

### Rating at last inspection (and update)

The last rating for this service was Requires Improvement (published 9 March 2019) and there were two

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 service had improved to Good.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Laurel Bank

## 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.

#### Inspection team

The inspection was carried out by 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.

#### Service and service type

Laurel bank 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.

#### Notice of inspection

The first day of this inspection was unannounced. The second day was announced.

#### 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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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.

We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with ten people who used the service and five relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, nursing staff, senior care workers, care workers and the chef.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at one staff file 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 looked at training data and quality assurance 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 now improved to Good.

This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection we found medicines were not being administered in line with good practice guidance. We could not be assured people consistently received their medicines in a timely manner. This was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made but these had not been fully embedded.

- Good practice guidance had been considered and changes had been made to ensure medicines were managed in line with good practice. However, processes were not always consistently implemented. We saw an example for time specific medicines where no times were recorded. We could be assured the does was given at the correct time.
- Staff who administered people's medicines had completed appropriate training.
- Medicines administration was person centred. People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine, staff asked if people wanted these medicines and acted upon their wishes.
- Management completed checks of medicines. Prior to our inspection visit management had audited medicines and had identified areas for improvements. Work was ongoing to address any issues that had been found.

The registered provider responded immediately during and after the inspection. They confirmed changes had been implemented to ensure medicines administration was managed safely.

We recommend the registered provider consults with and consistently follows good practice guidance for the management of medicines.

### Staffing and recruitment

At our last inspection we recommended the registered provider reviewed their practice to ensure the service recorded a complete employment history of people employed. The registered provider had made improvements and safe checks had been carried out.

At the last inspection we recommended the registered provider reviewed equipment in communal areas to ensure staffing could always be suitably called upon. The registered provider had made improvements. An additional call bell had been located within communal lounges and staff deployment had been considered to increase oversight in communal areas.

- The registered provider made sure there were enough staff to meet people's needs in a timely way and in line with their care plan. People and their relatives told us there were enough staff to meet their needs.
- We observed staff were busy but responded quickly to any calls for assistance. One person said, "I'm happy they answer my buzzer straight away."
- The registered manager carried out checks on all new staff before they were employed.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding training and were able to demonstrate their knowledge. People told us they felt safe and were happy living in the home. A relative told us, "I'm very happy my relative is very safe."
- Management and staff understood safeguarding and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falling and nutritional needs. Staff were provided with guidance on how to keep people safe. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.
- The registered provider had processes to provide a safe, secure, environment for people, visitors and staff. A range of checks were carried out on a regular basis to ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks.

Preventing and controlling infection

- The registered provider had arrangements in place to ensure people were protected by the risk of infection. All the people spoken with said they were satisfied with the cleanliness of the home.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment, and they had accessed training on infection control and food hygiene.

Learning lessons when things go wrong

- The registered provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents. Where lessons had been learned these were shared throughout the staff team.



# 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 Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed 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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection, there were two authorisations approved by the local authority. Other applications had been made to the local authority and were awaiting approval.
- Staff recorded people's capacity to make decisions in their care plans. Best interest meetings had been held for some important decisions however, the information was at times conflicting. The documentation in place to support the principles of the MCA was not always fully completed. We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process and assured us this would be followed.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.

We recommend that registered provider ensures they consistently work within the principles of the MCA.

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

- People received safe and effective care which met their needs. The registered manager completed initial

assessments and devised care plans. Staff used these to guide them on how best to support people.

- The registered provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- Staff considered people's protected characteristics, such as their religion or beliefs.

Staff support: induction, training, skills and experience

- Staff received a range of appropriate training to carry out their role effectively. New staff were given an induction to ensure they could carry out their role safely and competently. One staff member said, "I wouldn't be who I am today without that induction it made me so confident."
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the registered manager.

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

- People's nutritional needs had been considered. Records documented people's likes and dislikes and identified any associated risks with eating and drinking.
- People consistently told us they were given choices on what meals and drinks they wanted. People also told us they enjoyed the meals provided. One person said, "I get a choice of meals, if I don't like it I get something else."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. People's physical and mental healthcare needs were documented which helped staff recognise any signs of deteriorating health.
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently when moving between services.

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

- The registered provider ensured the design and layout of the service was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped. The registered manager informed us there were plans in place to improve the signage around the service.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

# 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 has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the service in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them. One person said, "I get looked after well, I am happy here, the staff treat me very well."

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had time to talk with and listen to people.
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations, monthly review meetings, regular resident meetings and customer surveys. Information around the service and regular newsletters helped keep people informed.
- There was information available for people about how to access local advocacy services, should they want to. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services help to ensure people's rights to make decisions about their care and support were promoted.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited for their agreement to enter.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities.
- People's information was stored and held in line with the registered provider's confidentiality policy and with recent changes in government regulations.

# 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 Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, which met their changing needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in people's care plans. Care records were regularly reviewed. We found some inconsistencies in care records which were discussed with the registered manager. One example we saw was for someone who required emotional support. The inconsistencies did not place people at risk if harm. We were assured the records would be reviewed.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

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

- There was a programme of people centred activities to help promote people's intellectual and emotional wellbeing. Various games, crafts and therapies were offered, and activities were well attended. There were regular visits to the service from entertainers and church representatives. Additionally, people were supported in the mini bus to the theatre and one person had recently been to a football match.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service. Links with local community groups such as schools and charities had been developed.

Improving care quality in response to complaints or concerns

- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and during day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and

responded to. The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant.

#### End of life care and support

- Staff had undergone training with a local hospice and understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible.

# 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 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered provider had failed to ensure records were up to date and consistently completed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we recommended the registered provider continue to audit the service to ensure improvements were embedded.

At this inspection we found some improvements had been made but these had not been fully embedded.

- We found some inconsistencies in documentation remained. For example, when medicines were time sensitive, staff were not always recording the times when medicines were administered.
- Processes to promote safe care and treatment had been implemented but were not fully embedded. The service had undergone several changes, especially to management and senior staff in the last 12 months.
- Audits completed by senior staff did not always identify and escalate relevant risks and issues. Actions were not always identified or monitored effectively to ensure mitigation was in place.
- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security. There was a clear vision and plan to deliver high quality care and support at the service. Staff were aware and involved in this vision and the values shared.
- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.

The registered provider responded immediately during and after the inspection. They confirmed the documentation where shortfalls were identified during the inspection had been reviewed and updated where required.

We recommend the registered provider continues to embed suitable auditing systems to consistently promote safe and high quality care.

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

- There was a positive culture at the service which focussed on providing people with high standards of care. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead effectively, they were well respected by the staff team. The leadership was visible and inspired the staff team to provide a quality service.

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 registered manager and registered provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members.
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.

Working in partnership with others

- The registered manager kept up to date with current good practice guidelines by attending meetings at which they shared learning and discussed new developments in care.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses. The service had also established links with a number of local schools.