

The Laurels Care Centre Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Laurels is a care home that was providing nursing and personal care to 17 older people at the time of our inspection. The service can support up to a maximum of 68 people.

The premises is divided into three separate units, each of which has their own adapted facilities (the 2nd floor unit remains closed indefinitely for refurbishment).

Approximately half the people using the service were living with dementia.

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

The provider still needed to make substantial improvements to ensure the service was suitably governed. Staff had not received up to date infection control training in light of the COVID-19 pandemic, nor did they always wear Personal Protective Equipment (PPE) correctly.

Management did not ensure that people received care in line with their assessed care needs, nor did staff always receive appropriate training to support them to care for people's specific needs. Best practice was not adhered to when seeking consent from people.

Quality assurance systems were not always completed to ensure care delivery was appropriately delivered and reviewed.

Monitoring of incidents and accidents still required improvement to ensure they were appropriately recorded and investigated. People's risk assessments had improved to ensure they were clearer in defining people's specific needs. Staff were safely recruited, and there were suitable safeguarding processes in place to support staff to express any concerns.

Staff, people and relatives felt that management support had improved. The service worked effectively with partnership agencies to ensure that people's care needs were met.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 18 September 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed the action plan they sent us and to confirm they now met legal requirements. This report only covers our findings in relation to the Key

Questions; Is the service Safe, Effective and Well-led?, which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

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.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels Care Centre Limited on our website at www.cqc.org.uk.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Laurels Care Centre Limited

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

This inspection was carried out by three inspectors. A fourth inspector made calls to people's relatives after the site visit.

Service and service type

The Laurels Care Centre Limited 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 has not had a manager registered with the Care Quality Commission (CQC) for over a year. A new manager was appointed in February 2020 but has yet to apply to be registered with us.

Notice of inspection

We gave a short period of notice of the inspection. This was because we were responding to risk concerns, and wanted to be assured that no one at the home was symptomatic in light of the COVID-19 pandemic

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke in-person with two people who lived at the care home, a visiting GP, and various managers and staff who worked there including, the services relatively new manager, a lead nurse, four care workers and an activities coordinator.

We looked at five people's care records, two staff files, and multiple medicines, staff training and supervision records.

We used the Short Observational Framework for Inspection (SOFI) during our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

We made contact with relatives of people living at the home. We also reviewed additional documentation as we requested from the home manager.

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 remained the same.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Although staff confirmed they had been given adequate supplies of PPE, we observed staff were not always wearing a face mask or visor when they were interacting with people using the service.
- Some staff who were wearing face masks did not always wear it correctly to ensure their nose was properly covered, contrary to recognised best PPE practice.
- Feedback we received from staff demonstrated a mixed understanding of when and how to use PPE correctly, such as face masks. For example, one member of staff told us, "I know we should never take our PPE off when we're on duty in the home", while a second member of staff remarked, "I'm sure you can take your mask off for a bit in the lounges if you're not providing anyone with any personal care."
- In addition, although staff had received infection prevention and control (IPC) training this had not been updated recently to reflect government updates made to IPC guidance and the safe use of PPE due to Covid-19. This meant people using the service, their visitors and staff might all be place at unnecessary risk of avoidable harm regarding catching or spreading infections, including those associated with Covid-19.

The above issues demonstrate a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The above points notwithstanding we also found the following in relation to infection control:

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach.

Assessing risk, safety monitoring and management

At our last inspection we found that improvements were needed as risks to people were not always appropriately assessed; nor were these always detailed enough to reflect people's specific needs. At this inspection we found that risk assessments had not always improved to a sufficient standard to ensure that risks to people were suitably managed.

- One person occasionally displayed challenging behaviours, these are behaviours that pose a risk of harm to other people, property or the person themselves. The service did not have a clear plan or guidance in place for staff to follow to reduce the risk of harm. The manager told us that staff knew the person well and were able to anticipate their movements in order to assist them to calm down. However incidents of

challenging behaviours were not recorded comprehensively in order to analyse triggers and reduce the risks of these reoccurring.

- The service had appropriate maintenance and fire safety checks in place and these were conducted routinely. Records showed fire drills were held, emergency lighting and the alarm system were checked regularly and the fire risk assessment had been reviewed as required. Other maintenance checks were also in place to protect people.
- All people who used the service had a Personal Emergency Evacuation Plan (PEEP) detailing their needs should they need to be evacuated in the case of an emergency.
- People received safe care in relation to their individual needs. Records showed that staff supported people to reposition safely and in line with their care plans, when they weren't able to do this themselves. Additionally, pressure relieving mattresses used to reduce the risk of pressure sores were regularly checked to ensure they were on the prescribed setting for the person.
- People had up to date risk assessments covering risks relating to their support. These were reviewed and provided guidance for staff to ensure people were supported safely. Risk assessments covered risks such as falls, moving and handling, personal care support, continence and risks relating to individual health conditions such as diabetes.

Learning lessons when things go wrong

- Incidents and accidents were not comprehensively recorded and analysed to reduce the risk of reoccurrence. We saw the incidents and accidents record for 2020, and there were only two incidents recorded despite incident reports being completed for some incidents of challenging behaviours for one person. Records did not reflect the level of incidents and accidents occurring across the service.
- We were not assured that the provider was efficient in ensuring all incidents were investigated, recorded and reported. We recommend that the provider review all their incident and accident records to ensure they are up to date and reflect activity across the service.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding and staff whistle blowing policies and procedures in place.
- Staff had completed up to date safeguarding adults training and knew how to recognise abuse and respond to it. One member of staff said, "I would tell the nurse in charge and the manager if I thought anyone had been abused at the home."
- The manager knew to notify the relevant external authorities, including the CQC, without delay, if it was suspected people using the service were being abused or neglected.

Staffing and recruitment

- People were kept safe by receiving care and support from adequate numbers of staff whose 'suitability' and 'fitness' to work with older people with nursing and/or personal care needs had been properly assessed.
- Staff were visible during our inspection. We observed staff respond quickly to people's requests for assistance or to answer their questions. We tested a person's bedroom call bell alarm chosen at random and observed staff responded immediately to it being activated.
- The manager told us the service almost had their full complement of staff they needed and therefore did not have to rely currently on any temporary agency staff. Staffing levels were determined using a dependency tool, which the manager said would be used to recalculate staffing numbers if and when service user numbers and needs significantly changed.
- Staff underwent pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history and a health check, satisfactory character and/or references from previous employer/s, and a current Disclosure and Barring Services (DBS)

criminal records check.

Using medicines safely

- Medicines systems were well-organised.
- Medicines records included detailed protocols for 'as required' medicines so that staff were clear on when and what dosages needed to be administered at any one time.
- Nursing staff authorised to manage medicines followed the protocols for the safe receipt, storage, administration and disposal of medicines including, Controlled Drugs. Records showed nurses received on-going medicines training and had their competency to continue doing so safely reviewed at least annually by their line manager.

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 remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- At our previous inspection we found the provider had failed to ensure staff had all the right knowledge, skills and support to deliver effective care and support to people they supported. This was because not enough staff had received up to date training in safeguarding adults, equality and diversity, deprivation of liberty safeguards, Mental Capacity Act (2005), safe management of medicines and fire safety training. Furthermore, staff did not always receive enough formal support from their line managers to reflect upon their working practices and professional development.

These failures represented a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service had followed the action plan we had requested they send us and improved the ongoing training and support staff received. This meant staff now had the right mix of knowledge, skills and support they required to meet the care needs of the people they supported.

- Staff had now completed up to date training in relation to safeguarding adults, equality and diversity, Mental Capacity Act (2005) and deprivation of liberty safeguards, fire safety and the safe management of medicines.
- Staff demonstrated good awareness of their working roles and responsibilities and confirmed their training was on-going and relevant. One member of staff told us, "We have lots of training here, which helps us do our jobs properly."

However, staff had not received any positive support training to help them prevent or appropriately manage behaviours considered challenging.

We discussed this matter with the manager who agreed his staff team would all benefit from receiving positive support training to help them prevent or manager behaviours that challenged the service. The manager told us he had tried to arrange this training in March 2020, but was unsuccessful due to the pandemic, but would endeavour to continue trying to address this training shortfall.

- Staff now had sufficient opportunities to reflect on their working practices and professional development. Staff had regular individual supervision with their line managers and group team meetings with their fellow

peers. One member of staff told us, "I've had a couple of one-to-one meetings with my manager and had my work appraisal with the new boss at the beginning of the year."

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 service did not ensure people's rights were protected in relation to capacity and consent. Records showed that people's capacity to consent to their care and treatment was assessed, however these assessments were not used to guide staff in what decisions people could make. For example, we saw that one person had been assessed as having capacity to understand and consent to having a flu jab, however their next of kin was recorded as having consented to this on their behalf despite not being authorised by the Court of Protection through deputyship or power of attorney. All people's records we reviewed showed that people's next of kin had consented on their behalf despite not having authorisation to do so by the Court of Protection.

We recommend the provider review their MCA processes and ensure best practice guidance is embedded.

- Some people who used the service were protected by Deprivation of Liberty Safeguards and we saw these were current. Staff and the manager were aware of any conditions relating to DoLS.

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

- People had care plans in place, however these did not always reflect people's assessed care needs. For example, we saw one person had a behaviour support care plan that stated they had one-to-one support from 8am to 8pm each day to support the person to manage their behaviours. The staffing rota showed that the person was not supported on a one-to-one basis during these times, and the manager told us the person had never been provided with one-to-one support by the service despite their care plan having been reviewed monthly to say there were 'no changes'. Management had not taken action to ensure people's needs were effectively met in line with their assessment of need.

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

- People lived in a suitably adapted environment that meet their care needs.
- The premises were kept free of obstacles and hazards which enabled people to move freely around the care home. Several people told us The Laurels was a "comfortable" place to live. One person said, "I like it here...I spend a lot of time in my room where I've got everything I need."
- There were areas of the service premises that people could use for quiet time alone or in small groups.

However, the provider did not have a rolling maintenance and redecoration plan in place and the service premises were somewhat shabby.

- However, during several tours of the premises we identified a number of outstanding maintenance and general repair issues. For example, we found a radiator had been removed and not replaced, and a damaged door lock in a couple of bathrooms we visited. We also, saw several missing or damaged window blinds in the first floor lounge/dining area.

We discussed these issues with the manager at the time of our inspection who acknowledged action needed to be taken improve the care homes physical environment and address all the outstanding maintenance issues described above.

We recommend the provider review their maintenance issues and ensure a suitable action plan is developed.

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

- People told us they were happy with the quality and choice of the meals they were offered at the service. One person said, "I like the food we get here", while another person remarked, "My favourite food is rice, which I've asked to have today instead of potatoes."

- We observed lunch being served on the first floor and saw people were offered a choice of meal. We also saw staff on two separate occasion's sit down next to people they were assisting to eat their food and drink, ensuring they were able to make good eye contact and easily converse with them about their breakfast or lunch time meal.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked in partnership with others. We spoke with a palliative care nurse who was visiting the service who told us, "The manager is very attentive and responsive to people's needs and access external health support services as required. The person I have come to visit is well cared for, eating and drinking and staff engage very well with [them]."

Supporting people to live healthier lives, access healthcare services and support

- The service had given consideration to the needs of people with dementia to facilitate them moving about the service. Signage for communal facilities was in bright and contrasting colours to make it easier for people to see and comprehend. People with dementia had memory boxes by the doors of their bedrooms and 'About Me' documents were easily available for staff to read. These provide details about the person, their history and favourite things to facilitate discussion with staff.

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; Continuous learning and improving care

- At our last inspection of this care home we found the provider had failed to ensure their quality and safety monitoring systems were always effectively operated.

This represented a breach of regulation 17(Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had failed to fully follow the action plan we asked them to send us and therefore had still not improved the effectiveness of how they operated their established governance systems.

- The provider did not have a concrete plan in place for monitoring the quality and safety of the service in order to improve it. The manager was not aware of future plans for the service, nor the action plan that had previously been provided to CQC to address the breaches of regulations found at previous inspections of The Laurels.
- Some of the established governance checks were not always routinely carried out or effectively operated, contrary to the providers own quality monitoring procedures. For example, these governance systems had failed to pick up and/or take appropriate action to address a number of issues we identified during our inspection. including those relating to the proper use of PPE, infection prevention and control training and maintenance. Furthermore, monthly audits the manager was required to conduct on medicines management, care planning, health and safety and food hygiene, had not been completed since June 2020.
- Management had failed to ensure one person received one to one care in line with their assessed level of need. Furthermore, staff had not received positive behaviour training. MCA processes were not always followed to ensure consent from people was sought.
- The service had not had a registered manager in post for over a year. The new manager had yet to apply to be registered with us. This meant the service was still without a suitably competent individual who was legally responsible for how the service was run and for the quality and safety of the care provided there.
- We discussed this management issue with the new manager who agreed to submit his registered manager application to the CQC as soon as was reasonably practicable for us to consider his 'fitness' to run this care

home.

- The provider had not taken sufficient action to make improvements since our last inspection. We continued to identify repeated failings across the service.

The above issues were a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had systems in place to monitor the quality and safety of the service people received. For example, the manager conducted daily walkabout tours of the building to observe staffs working practices and nurses checked medicines records and stocks at each staff handover.
- The manager told us they were aware they needed to improve the way they used governance checks to identify issues, learn lessons and develop action plans to make the service better.

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

- At our last inspection we found that staff expressed concerns in relation to a poor culture and lack of support from management. At this inspection staff reported that this had improved. A relative said, "The manager seems nice and will call me and let me know how my relative is. I don't know him that well but I can ask him any questions and is there to help."
- There were clear management and staffing structures in place. The manager was supported by senior nurses who worked at the care home and at a provider level by a regional operations manager. The manager told us the regional manager was approachable and although they had not visited the service in person for the last six months due to Covid-19, they were in regular telephone contact with them.

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

- We saw the service's last CQC inspection report and ratings were clearly displayed in the care home and were easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people of our judgments.
- The new manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- The provider engaged and involved people using the service, their relatives and staff in the running of the service.
- The manager told us people could express their views about the service they received at regular resident's meetings and an annual satisfaction survey. However, the manager was unable to locate the results of the most recent satisfaction survey, which we were told was conducted at the end of 2019.
- The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better, during individual meetings with their line manager and group meetings with their fellow co-workers. Feedback we received from staff about the leadership approach of the new manager was mostly positive. One member of staff told us, "I get all the support I need from the new manager who is easy to talk to and get along with."

Working in partnership with others

- The manager worked in close partnership with various external agencies, including GP's, the local authority, clinical commissioning groups (CCG) and behavioural support teams. A community health care professional told us, "I've been impressed with the new manager who works extremely well with us. If he has any concerns about people's health and wellbeing he always gets in contact with our GP surgery. I think the entire staff team continue to do an amazing job managing this Covid-19 pandemic as they do in very challenging times."
- The manager told us they regularly liaised with various external health and social care bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Quality assurance systems continued to be ineffective in governing and monitoring the quality of service delivery. There continued to be no registered manager in post.
Treatment of disease, disorder or injury	

The enforcement action we took:

Warning notice issued