

Regency Healthcare Limited

The Laurels Care and Nursing Home

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

We carried out an unannounced inspection of The Laurels Care and Nursing Home on the 27 and 28 August and 1 & 2 September 2015. Breaches of legal requirements were found. After the inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches of Regulation 12, 17 and 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We undertook this focused inspection on 10 March 2016 to check whether the provider had followed their plan and to confirm that they were meeting legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for The Laurels Care and Nursing Home on our website at www.cqc.org.uk.

The Laurels Care and Nursing Home provides accommodation and nursing and personal care for up to 28 people, most of who are living with dementia. The service is located close to the centre of Bacup and all local amenities. It is an older type grade 2 listed property with facilities on three floors. The majority of bedrooms do not have en-suite facilities although bathroom and toilet facilities are available on both floors. There are well maintained gardens and a car park for visitors.

There was a registered manager in post at the time of our inspection. 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.

At this inspection we found that the provider had followed their plan and legal requirements were being met.

We saw evidence risk assessments had been completed to ensure people's health, welfare and safety. Adjustments had been made to the environment as a result of these. People using the service had a personal evacuation plan which meant staff knew how to support people in the event of an emergency.

People's care records were being maintained properly which helped determine people were receiving their care safely, consistently and appropriately. These records were audited daily by senior staff.

We saw evidence that people's medicines were being managed properly and safely. Medicines management policies and procedures had been updated to reflect current practice and best practice guidance. Staff had received training in medicines management and their competence to administer medicines safely had been assessed. There were appropriate processes in place for the ordering, storage, administration and disposal of medicines.

Recruitment processes and procedures had improved which meant applicants applying for jobs would be properly checked to ensure their suitability.

Infection control had improved at the service. Guidance relating to infection control was available to staff. The home environment was clean and there were no unpleasant odours.

Improvements had been made to the home environment, making it more suitable for people living with dementia. Some furniture and flooring had been replaced and some areas of the home had been redecorated.

A manager had been registered with CQC.

Audits were completed in relation to many areas of the service. We saw evidence that they were effective in ensuring that appropriate levels of care and safety were achieved and the improvements required following the last inspection had been made.

Whilst improvements had been made, we could not improve the rating for the service from 'requires improvement' because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection to look at the overall quality of the service, and to provide a new rating for the service under the Care Act 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

27 and 28 August and 1 and 2 September 2015 the service was not safe.

Assessments to minimise the risks to people's health, safety and welfare had not been considered, recorded or kept under review.

A safe and fair recruitment process had not been followed which could place people at risk from unsuitable staff. There were sufficient numbers of staff to meet people's needs although ineffective deployment of staff left people unattended for periods of time.

People's medicines were not safely managed in accordance with safe procedures. Staff who administered medicines had not received appropriate training and checks on their practice had not been undertaken.

10 March 2016 We found that action had been taken to improve safety

People's medicines were being managed safely.

Recruitment of staff had improved. New procedures were in place to ensure staff were suitable to work with vulnerable people and staff were trained to support people with behaviours that challenged the service.

Infection control at the service had improved. Infection control policies and procedures were in place and were effective.

We could not improve the rating for Is the service safe from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection.

Requires Improvement ●

Is the service effective?

27 and 28 August and 1 and 2 September 2015 the service was not effective.

We found a number of areas were in need of attention to ensure

Requires Improvement ●

the environment was safe, appropriate and comfortable for people to live in.

10 March 2016 We found action had been taken to ensure the service was effective.

Improvements had been made to ensure best interest decisions were recorded better.

Improvements had been made to the home environment making it more suitable for people living with dementia.

We could not improve the rating for Is the service effective from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

Is the service well-led?

27 and 28 August and 1 and 2 September 2015 the service was not consistently well-led.

The lack of management and leadership in the home had impacted on people's care and support. The service did not have a registered manager in day to day charge of the home.

The number of shortfalls that we found indicated quality assurance and auditing processes had not been effective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

10 March 2016 We found action had been taken to ensure the service was well led.

A manager had been registered with CQC.

Audits of the service were being completed and were effective in ensuring that appropriate levels of safety were being achieved.

We could not improve the rating for Is the service well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned Comprehensive inspection

Requires Improvement ●

The Laurels Care and Nursing Home

Detailed findings

Background to this inspection

We undertook an unannounced focussed inspection of The Laurels Care and Nursing Home on the 10 March 2016. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection in August and September 2015 had been made.

The team inspected the service against three of the five questions we ask about services.: These were, Is the service safe, effective, and well led? This was because the service was not meeting some legal requirements.

The inspection was undertaken by one adult social care inspector.

Before this inspection we reviewed the information we had received about the service since our previous inspection in August and September 2015. This included the provider's action plan, which set out the actions they planned to take to meet legal requirements and statutory notifications received from the service. We also reviewed information received from Lancashire County Council contracts and safeguarding teams, and their lead infection control nurse and spoke with the Clinical Commissioning Group (CCG) medicines management team.

During the inspection we spoke with three people who used the service, the registered manager, a nurse on duty and a carer. We reviewed people's care records and looked at service records including those relating to staff training, agency staff, medicines administration, policies and procedures and records of audits completed.

Is the service safe?

Our findings

We spoke with three people being cared for in their rooms. They told us staff were attentive to their needs. One person told us, "I've just come here. I don't want to go downstairs yet, I like my room. Staff come to help me when I ring my bell and they often pop in to see I'm all right. I'm glad I'm here although I miss my friends. As the saying goes, 'I'm safe as houses'."

At our last inspection 27 & 28 August and 1 & 2 September 2015 we found the provider had failed to make sure people's care records were complete, accurate and updated and was therefore in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Assessments were not available for the risks associated with the bedroom door locks, non-provision of call bells, safe evacuation in the event of a fire, fire risk items stored in the laundry area and in the main entrance stairwell, the use of portable heaters, use of bed rails, access from the corridors to the stairways and the basement stairs and the risk of falls and reduced access to toilets caused by the corridor ramps.

Following the inspection visit the registered provider subsequently sent us an action plan detailing the improvements they would make and advising that the necessary action had been taken. We were told a secure keypad lock was fitted to the basement access gate and further secure keypad locks would be fitted to the corridor to stairwell doors. We were also told an external company had been commissioned to undertake a full health and safety audit of the premises. This meant that any area viewed as a risk to people's safety was reviewed and action taken to improve the situation.

During this inspection we found significant improvements had been made and evidence of an on-going programme of refurbishment. For example doors to the stairwells were made safe and door locks that were dementia friendly had been fitted to bedroom doors. This meant staff could gain access in the event of an emergency and people could open their doors without the use of a key. We saw that an additional room had been created for the storage of wheelchairs. Work within the lounge was on-going.

Each person had a personal emergency evacuation plan. This meant staff were aware of any problems when supporting people in the event of an emergency and to evacuate the building safely. All staff had been trained in emergency evacuation procedures.

A Business Continuity Plan was in place. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. Fire risk assessments had been brought up to date.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 12.

At our last inspection the provider had failed to make sure people's care records were complete, accurate and updated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Charts used to monitor risks such as positional change charts and fluid and

food intake charts were not always completed to verify people at risk was being monitored properly.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 17.

During this inspection we found individual risks had been identified in people's care plans and kept under review. Risk assessments were in place in relation to the use of bed rails, pressure ulcers, nutrition, falls and moving and handling. We checked charts used to monitor the risk of pressure ulcers and nutrition. These were being completed and helped determine people were receiving their care safely, consistently and appropriately and were being audited on a daily basis by senior staff.

At our last inspection we had recommended the service sourced appropriate training for staff to help them to safely support people with behaviours that challenged the service.

At this inspection we found the registered provider had taken the necessary action to ensure staff were trained in positive behavioural support, which addressed how to support people who displayed behaviour that challenged. The registered manager told us that they had also involved the services of the mental health team in reassessing people's needs. This had helped to determine the level of support people required could be met by the service. There were clear instructions recorded to guide staff with dealing with behaviours that challenged the service. During our visit we observed a calm and peaceful atmosphere.

At the last inspection we found deficiencies in the way people's medicines were managed and this was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to protect people against the risks associated with unsafe management of medicines. This was because we had found there were no records to support nursing staff who administered medicines had received appropriate training. Regular checks on their practice had not been undertaken to ensure they were competent.

We also found the policies and procedures were not reflective of current practice or with up to date guidance. Prescriptions were not seen and checked by the home prior to dispensing and records of ordered medicines were not maintained. Records supporting safe disposal of people's medicines had not consistently been witnessed. We found where medicines were prescribed 'when required' or 'PRN', guidance was not always clearly recorded to make sure these medicines were offered consistently by staff and PRN medicines were not being given in line with the directions. External medicines, such as creams and ointments were being applied by care staff but signed as given by nursing staff and this was not in line with safe procedures, increasing the risk of errors and the risk of misuse.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 12.

During this inspection we looked at how medicines were managed and found significant improvements. Policies and procedures relating to medicine management had been reviewed and updated with the latest guidance available for staff reference.

Appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Training records showed staff responsible for medicines had been trained and their competency had been checked and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly and courses of antibiotics were seen as completed.

Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

There were records to support 'carried forward' amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people's medicines had been reviewed by their GP, the nurse practitioner or the mental health team which would help ensure people were receiving the appropriate medicines.

We found where medicines were prescribed 'when required' or 'PRN', guidance was recorded to make sure these medicines were offered consistently by staff and were being given in line with the directions.

Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We saw checks on the medication system for these drugs had been undertaken.

The Clinical Commissioning Group (CCG) medicines management team had conducted comprehensive monitoring and support visits. During a Quality Improvement Planning (QIP) meeting held in February 2016 representatives of the team told us significant improvements had been noted. The level of support and monitoring they had provided was now reduced. They told us they had no concerns but would be available for the registered manager to approach them for advice and support if needed.

We looked at the medicines management audit tool being used at the service. There was evidence of regular auditing taking place to ensure people had their medicines at times they needed them and in a safe way. A new policy for medicine key handover had been introduced. Staff responsible for medicines had been allocated protected time to deal with all aspects of medicine management such as checking medicines in and out of the home.

There was a new procedure in place to convey changes to people's medicines to staff when coming on duty. We also saw that when audits showed for example a missing signature or, refusals not recorded, this was addressed immediately and the right action taken to ensure full compliance by all staff.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service.

At our last inspection the provider had failed to operate safe and robust recruitment and selection processes and this was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records were not completed accurately and background checks had not been consistently explored or documented. References had not always been sought and interview notes not recorded. We could not find records to support the service had satisfied themselves that agency nursing and care staff were suitable and qualified to work in the home.

The registered manager sent us an action plan informing us all staff files had been brought up to date. The recruitment policy had been reviewed and guidance had been issued to ensure safe recruitment of staff.

At this inspection we found that the provider had followed the action plan and was meeting the requirements of Regulation 19.

During this inspection we found the layout of staff files was reviewed making it easier to find the relevant information and check all the relevant documentation was in place. A list of current staff, their start dates and DBS (Disclosure and Barring Service) numbers was available. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Arrangements were in place to make sure agency nursing and care staff employed to work at the home were checked for their suitability and proper records maintained. The registered provider told us, " 'The manager will be asked to provide a copy of all documents for the new staff to the head office prior to start of their employment. Regular audits of staff files will be carried out' ". We were confident the provider had taken the right action to ensure people using the service were protected with safe recruitment practice being followed.

At our last inspection we recommended the provider sought advice and guidance regarding infection and prevention control practices. This was because the provider had failed to ensure parts of the home were clean and free from odours. We had found a number of bedrooms to be malodorous, the corridor carpets were stained and a number of bins did not have lids in place. We found rough woodwork and plaster in areas of the home and damaged flooring in a bathroom. All of these presented a risk of infection. Infection control audits had not been properly completed.

At this inspection we found that the provider had followed our recommendation and had taken action to ensure infection and prevention control practices was followed.

We found the registered manager had liaised with the local authority infection control lead nurse. She had provided a more effective audit tool 'Infection control audit tool and information East Lancashire NHS'. The registered manager showed us the audit she had completed. Where improvements were needed these had been actioned. Regular checks had included for example baths, toilets, commodes and mattresses and also included observation of staff practice such as hand washing. The registered manager also told us she had started a level 3 training programme in infection control and took the lead to ensure best practice guidance was being followed by all staff.

We found all areas of the home were clean and odour free. Work that had been required to minimise the risk of infection had been completed. For example stained carpets had been cleaned or replaced and repairs carried out to woodwork and plaster. We noted staff hand washing facilities, such as liquid soap and paper towels were available in bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available and staff were observed using them. There were sufficient domestic and laundry staff available. Cleaning schedules had been reviewed and these provided all staff with clear direction and showed their responsibility in providing a clean and hygienic environment for people using the service.

Is the service effective?

Our findings

At our last inspection we recommended that the service seeks best practice advice and guidance regarding the recording of and management of Do Not Attempt Resuscitation (DNAR) orders. We had found Do Not Attempt Resuscitation (DNAR) orders were in place for six people. The decisions had been made by medical professionals and had indicated this had been discussed with either care staff or relatives. There was no supporting records made of these discussions and it was unclear if relatives were aware of the decision. We could not determine that best interest meetings had taken place or best practice was followed in keeping these under review as people's circumstances changed.

At this visit we found the registered provider had followed our recommendation.

The registered manager told us all DNAR orders had been reviewed and the rationale for the DNAR recorded. Family had been involved where appropriate in best interest decisions and supporting records were in place.

At our last inspection we recommended the provider complied with the action plan they had submitted following the inspection carried out on the 24 & 26 March and 1 April 2015. This had included fitting bedroom doors with user friendly locks, redecoration and replacement of the entrance hall and corridors patterned carpet that was observed as being confusing for people living with dementia.

At this visit we found the registered provider had followed our recommendation.

We looked around the premises and were satisfied all the work we asked the provider to do within the home had been completed to a satisfactory standard.

We found the communal areas were redecorated and flooring had been replaced. Storage rooms created for wheelchairs and other aids provided. A new non slip wood effect flooring had been fitted in the entrance hall and ground floor corridors and the nurses station located in the hall had been refitted.

All the bedrooms had been reviewed and where necessary decorated and new furniture provided. New vanity units had been fitted in some bedrooms and bathrooms and toilets flooring safe. The registered manager told us there was an on-going maintenance programme in place to keep the environment in a good state of repair and decoration. A system of reporting required repairs and an environmental audit was in place and all work completed was signed off and checked.

Work had also commenced to create a more user friendly environment for people living with dementia. We observed people were able to walk about freely and areas where it was not safe for people to walk alone, safety gates had been fitted. Signage using pictures and words was used for bathrooms, toilets and bedrooms that supported people to navigate and move around confidently, and remain as independent as possible. The removal of the partition wall in the lounge enhanced the use of natural daylight which was beneficial for people living with dementia and people with poor eyesight.

Is the service well-led?

Our findings

At our last inspection the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the arrangements in place for assessing and monitoring the quality of the service and then acting on their findings was not satisfactory.

Following the last inspection the registered provider sent an action plan to CQC with timescales indicated for work to be completed.

At this inspection we found that the provider had followed their action plan and was meeting the requirements of Regulation 17.

The registered provider had worked alongside the safeguarding team and commissioners of services to ensure improvements were made. Regular QIP meetings had been held to discuss and monitor progress made and these meetings were also attended by a manager appointed by the provider at the time of our last visit.

The manager submitted an application to register with CQC and was duly registered in January 2016. The registered manager had responsibility for the day to day operation of the service. She was supported in her role by a deputy manager, the service provider and another registered manager within the company.

Throughout all our discussions with the registered manager it was clear she had a very good understanding of her role and responsibility and demonstrated good organisational skills. She expressed a commitment to develop the service and was able to describe her achievements since being appointed manager. New systems of working had been introduced and staff were delegated more responsibility in their work and lead roles were being developed. The deputy manager had clinical oversight and took responsibility of ensuring trained nurses were up to date with their registration and Continuing Professional Development (CPD) with training relevant to their work.

The registered manager explained there were a range of quality assurance systems in place to help monitor the quality of the service the home offered. This included formal auditing, meeting with the provider and other registered managers within the company and talking to people and their relatives, and providing staff meetings and supervision. She told us she was proactive in developing good working relationships with partner agencies in health and social care. The registered manager was open and honest and provided good evidence of progress that had been made as a result of these meetings.

We found significant improvements had been made in relation to breaches in regulation identified at the last inspection that indicated quality assurance and auditing processes introduced had been effective. Checks on systems and practices were completed and matters needing attention had been addressed. These were in relation to the environment, recruitment, medicines management, record keeping and infection control.

We saw copies of the completed audits during the visit. These included regular daily, weekly, monthly and annual checks for all health and safety matters in key areas of care delivery such as medication, health and safety, staff training records, care plans, the environment and catering requirements. Where shortfalls had been identified prompt action had been taken demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve. We found the standard of organisation of documents was very good and the registered manager was able to produce the relevant information we requested immediately.

We discussed the progress that had been made with the registered manager. She told us she was fully supported by the providers to implement the necessary changes. Staff had clear direction and were aware of their responsibility and accountability to the people using the service and the registered provider. We discussed the needs of people using the service with the registered manager. She was able to answer all of our questions about the care provided to people showing that she had a good overview of what was happening with staff and people they cared for. The registered manager also met with the provider on a regular basis and a detailed action plan that had been developed following the last inspection was being continually reviewed.