

Vaghjiani Limited

The Laurels Nursing Home

Inspection report

Lincoln Road
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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The laurels Nursing Home is a residential care home providing personal and nursing care to 16 people aged 65 and over at the time of the inspection. The care home can accommodate 30 people in one adapted and extended building.

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

Although we found people were protected from abuse, the registered manager had not informed us of a safeguarding event. They had also not informed us of significant events which occurred at the service. The risks to people's care were assessed and measures in place to mitigate these risks. People were supported with adequate numbers of staff who had received training for their roles. Staff were recruited safely.

People's medicines were managed safely and the environment they lived in was clean.

People received care in a person-centred way and the registered manager undertook a range of quality audits to monitor the care people received. Relatives told us they were involved in their family member's care and staff worked with health professionals to support the people in their care.

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 23 May 2019 they were in breach of one of the regulations. 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 sustained and the provider was still in breach of regulations.

The last rating for this service was requires improvement (published 23 May 2019). The service remains rated requires improvement. This service had been rated inadequate or requires improvement for the last two consecutive inspections.

Why we inspected

We undertook this focused inspection to follow up on concerns we had received and to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a continued breach in relation to Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. The failure to notify us of events at the service.

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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Laurels Nursing Home

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 as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by two inspectors and an assistant inspector.

Service and service type

The Laurels Nursing Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was due to the COVID-19 pandemic to ensure we had prior information to promote safety.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We received feedback from the local authority team who work with the service. The provider had completed 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.

During the inspection

We spoke with the relatives of two people who used the service about their experience of the care provided. We spoke with six members of staff including the nominated individual, the registered manager, registered nurse, senior care workers and care workers. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files 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 remained the same.

Requires improvement: 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.

Systems and processes to safeguard people from the risk of abuse

- The registered manager had not informed us of a recent safeguarding issue. Keeping us informed of these concerns is the provider's legal duty as part of their registration. This allows us to work with the service and external agencies to monitor how safeguarding concerns are managed by the provider.
- We discussed the issue with the registered manager, it was clear she had worked to protect the individual and learned from the issues raised, but she had not notified us of the event in a timely way. The nominated individual told us they had undertaken a reflective discussion with the registered manager to ensure they were aware of their responsibilities and the issue would not occur in the future.
- Relatives told us their family members were safe living at the service and staff we spoke with were aware of their responsibilities in relation to safeguarding people in their care. One member of staff said, "We all have access to safeguarding training and know how to raise concerns."

Learning lessons when things go wrong

- The registered manager used a number of ways to ensure staff learning from events. They undertook supervisions with staff, held staff meetings to discuss any issues or concerns. A senior member of staff told us the communication between staff and the management team was good. They said, "We approach things as one team which is good."

Assessing risk, safety monitoring and management

- When we last visited the service there were some environmental risks which had not been addressed. There was a lack of radiator covers on radiators and empty gas cylinders were not stored safely.
- At this visit we saw radiator covers were in place and the empty gas cylinders had been removed. However, the storage area for gas cylinders was not adequately secured. Following our visit the registered manager sent us photographic evidence to show this had been addressed.
- The risks to people's safety were assessed and information in people's care plans gave staff information on how to provide care safely in a personal centred way. People's individual risks were identified and measures were in place to mitigate these risks.
- People's risk of falls were reduced by having appropriate aids in place. Also, a relative told us their family member could become agitated if things weren't explained to them. They said, "The key most important positive is that they (staff) have taken time to understand my relatives' behaviour." They went on to say the

staff's care was consistent and this resulted in reducing the risk of their relative becoming unnecessarily anxious.

Staffing and recruitment

- Relatives and staff we spoke with told us staffing levels were sufficient to meet the needs of people at the service. Our review of the staff rotas and the dependency tool used showed the established numbers of staff were safe.
- One relative said, "I had an issue previously as I thought there were not enough staff. The manager took action on that concern and it was addressed. I now think they do seem to have enough staff." One member of staff said, "I think across the shifts there seems to be enough staff overall to give good care." All the staff we spoke with told us they felt they could discuss any staffing concerns with the registered manager and nominated individual.
- Staff recruitment was undertaken safely, for example, before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions. All the staff we spoke with told us new members of staff were supported with a robust induction process.

Using medicines safely

- At our previous two inspections we found concerns in the way medicines were managed. At this inspection we found those concerns had been addressed and people were supported with their medicines in a safe and person-centred way.
- Staff had guidance in place to support people who were prescribed as required medicines, to show when and why these medicines were required. There was clear information on how people liked to take their medicines with guidance from relevant health professionals. We saw this information was followed during our observations of practice.
- Staff received appropriate training and support to administer medicines safely. The storage and supply of medicines were managed safely in line with the provider's medicines policy and manufacturer's instructions.
- Regular audits of medicines were undertaken and when errors or shortfalls were noted action had been taken to address the issues. For example, a previous audit had noted a lack of double signatures on handwritten prescriptions, we saw this had been addressed on medicines administration records (MAR) we viewed during our visit.

Preventing and controlling infection

- People were protected from the risks of infection as the provider had clear processes in place to minimise the risks of the spread of infection.
- During the Covid 19 pandemic the service had had a number of people with the virus and had worked to support both them and the other people at the service to reduce the spread. One staff member told us they no longer had Covid 19 in the home and they continued to work to keep it that way.
- Staff had received training on using personal protective equipment (PPE) in line with current government guidance, during our visit we saw staff following this guidance. The registered manager had ensured she had a good supply of PPE and there were robust cleaning schedules in place that we saw were being followed.

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.

Requires improvement: 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.

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

- When we last visited the service we found the provider was not informing us of events they are required by law to report to us. They were in breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009 (Part 4).
- At this visit we found while improvements had been made in some areas of statutory notifications submitted, such as the notification of Deprivation of Liberty Safeguards (DoLS). The registered manager had not informed us of two significant events at the service. This was an ongoing breach of Regulation 18 of the Care Quality Commission (Registration) regulations 2009 (Part 4). However, these issues occurred at the height of the Covid 19 pandemic when significant members of the management team were unavailable. The nominated individual told us they had recognised communication could be improved and were working with the staff team to prevent the reoccurrence of these issues.

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

- Since our last visit the registered manager and nominated individual had changed and they had been working to promote a positive person-centred culture at the service. The information in people's care plans was detailed and person centred.
- Relatives we spoke with told us they were happy with the care their family member received. One relative gave an example of how the staff were working with the GP to ensure they received the most appropriate medicine for a health issue. Another told us their relative had not long been at the service and staff had worked to with them so they could have their personal things around them.
- Staff we spoke with told us the registered manager had worked to change the culture of the service and they were positive about how the service was managed. One member of staff said, "We work as one team."

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

- At our last visit we saw there had been improvements in the quality monitoring processes, but these needed time to be embedded in the service. At this inspection we found the registered manager and

nominated individual had worked to continue to use the quality monitoring processes to improve care.

- The range of audits undertaken by the registered manager and what actions had been taken were viewed by the nominated individual on their monthly quality care indicator audit form. The information included an oversight of tissue viability, nutrition, falls, staffing dependency levels and environmental issues. The nominated individual also undertook their own quality audits on documentation, staff support and the environment to retain oversight of the care people received. This had led to an improvement in the care people received

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

- Relatives told us throughout the covid -19 pandemic the registered manager had kept in contact with them to keep them informed of their family member's progress.
- Staff were supported with regular supervisions and staff meetings with minutes available for staff who could not attend. Staff told us they felt supported by the registered manager and also felt they could go to the nominated individual to discuss any issues.

Continuous learning and improving care; Working in partnership with others

- The nominated individual told us they worked to ensure continuous learning at the service. They told us if they got things wrong they always worked to improve things, being open and honest was important to them. We saw they had worked with the local authority to improve an aspect of training following an event which they felt could have been better managed.
- The service continued to work with the district nursing team and the local GP and during Covid 19 pandemic they had used local initiatives and technology to keep in touch with their GP.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents
Treatment of disease, disorder or injury	The registered manager had not informed us of significant events at the service