

Mrs J Jobbins

Laurieston House

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Laurieston House is a care home providing care and support for 12 people, some of whom live with dementia. At the site there is a main home for up to nine people and there are bungalows in the grounds. At the time of the inspection there were five people living in the main home.

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

People had visits from family members once relatives had completed a lateral flow test and had their temperatures checked. Personal protective equipment (PPE) was provided for visitors to wear. All visiting had to be booked in advance so safety measures could be put in place, such as social distancing and enhanced cleaning of the visiting area.

Staff were observed wearing PPE safely and the provider had ample supplies of stock. Staff had been trained on how to put on and remove their PPE and how to dispose of used items safely. There were posters up to give staff guidance on washing their hands and COVID-19. Staff had received training and guidance on infection prevention and control.

People and staff were being tested as per the government guidance. There had been no COVID-19 positive cases at the home throughout the pandemic. We observed the home was clean and smelt fresh. Additional cleaning had been put in place for high contact areas such as door handles.

People's medicines were managed safely. Staff had received medicines training and were observed to check their competence. People were able to see their GP when needed and referred to other healthcare professionals in a timely way. Staff worked with professionals to make sure people's health needs were assessed and met.

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. Staff were working to the principles of the Mental Capacity Act 2005.

Risks had been assessed and there were management plans in place. Risk assessments were kept under review and updated when needed. Improvements had been made to daily recording which made it clear what support people had been given.

Staff received support from the provider to help them carry out their roles. They had supervisions, training and were able to attend staff meetings. Staff understood their role in protecting people from abuse and knew how to report concerns. Staff told us morale was good and felt they worked well as a team.

Incidents and accidents had been reviewed and measures taken to try and prevent reoccurrence. The provider had carried out quality monitoring checks to monitor areas of the service. Notifications had been

submitted to CQC as required by law and when needed referrals had been made to the local authority safeguarding team.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 March 2021).

Following the last inspection, we met with the provider to discuss our concerns and findings. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 12 November 2020. Three breaches of legal requirements were found. We issued the provider three warning notices for the breaches of regulations.

We undertook this focused inspection to check they had made the required improvement 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, 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 COVID-19 and other infection outbreaks effectively.

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 changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laurieston House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Laurieston House

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 one inspector 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

Laurieston House 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

This inspection was announced. We gave a short period notice of the inspection to enable us to discuss COVID-19 factors prior to our visit.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. 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 with one person who used the service and one member of staff. We also spoke with the provider who was available throughout the site visit. We reviewed a range of records which included three people's care records and multiple medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

Following our site visit we spoke with one person and four relatives on the telephone about their experiences of care and support. We spoke with a further four members of staff and contacted one professional for their feedback about the service. We continued to seek clarification on data found.

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.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection we assessed the service was in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to put into place safe management plans to mitigate people's risks, failed to make sure monitoring actions to mitigate risks was accurately recorded and did not have evidence to demonstrate incidents were reviewed to prevent reoccurrence. This was a repeated breach of Regulation 17. We serviced a warning notice as a result of this ongoing breach of the regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At our last inspection we found people's risk management plans were not robust. At this inspection we saw improvements had been made. People's risks had been identified and assessed. There were up to date and detailed management plans in place which gave staff clear guidance on how people needed support.
- People were encouraged to take positive risks such as making hot drinks in the kitchen. Guidance was in place to make sure people were supported safely.
- Since our last inspection, the provider had given staff training on the importance of recording a complete record of care provided to people. We saw people's monitoring records and daily notes had improved. All care and support was recorded in full which demonstrated how people's needs were being met.
- People's mobility needs had been assessed and there were moving and handling assessments in place for staff to follow.
- At our last inspection we saw that not all accidents and incidents had been reviewed to demonstrate how the provider would prevent a reoccurrence. At this inspection we saw improvement had been made. For example, for one person we saw they had experienced a distressed reaction. In response to this incident the provider had contacted healthcare professionals to seek help and guidance for the person.
- Since the last inspection the provider had given staff safeguarding training as an update. Staff knew the different types of abuse and how to report their concerns. One member of staff said, "[provider] would most definitely deal with things, I have never felt I can't report anything."

Staffing and recruitment

At our last inspection we assessed the service was in breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to make sure there were sufficient numbers of staff deployed at night and staff had not received up to date

training for pressure area care. We served a warning notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- At our last inspection we found night staff were leaving the building to check on one person living in one of the bungalows in the grounds. Whilst the provider was available 'on call' there was no evidence that staff had called them to come to the main home whilst they were out of the building. This placed people at risk of harm. At this inspection night staff were no longer leaving the main home at night which meant there were safe numbers of staff deployed. The provider informed us they would not be providing personal care to people living in the bungalows and would adjust their registration with CQC to reflect this decision.
- The provider told us they reviewed staffing numbers daily and made sure there were sufficient numbers of staff available to meet people's needs. At busier times they told us they would increase numbers of staff if needed. One member of staff told us, "We have time to do our jobs and we are not rushed."
- Since our last inspection, staff had received pressure area care training from the community nurses and the deputy manager. They were able to tell us what they were looking for on people's skin to identify if pressure ulcers were developing and the action they would take. One member of staff told us, "We need to try and prevent pressure wounds, so we help people to move and we make sure they are eating well and have equipment if they need it."
- We reviewed recruitment at our last inspection in November 2020 and found the provider was safely recruiting staff. No new staff had been recruited since that inspection, so we did not review recruitment at this inspection.

Using medicines safely

- People had their medicines as prescribed. Medicines administration records had been completed by staff and recorded details of people's medicines.
- Staff checked the temperature of medicines storage to make sure it was in a safe range and recorded their findings daily.
- Systems were in place to check and record medicines as they were received into the home and staff kept running totals of medicines as an audit check.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

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 in November 2020 this key question was not rated as we only looked at the part of the key question which related to a repeated breach of regulation. At our previous comprehensive inspection in March 2020 we rated this key question as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection we found the provider had failed to work within the principles of the MCA which was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice for this breach of regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Since our last inspection staff had been provided with a refresher training session on the MCA and the principles of working within the legislation. The training also included an update on the DoLS. One member of staff told us, "[provider] did that [training] for us all, it is great to discuss it together. I did remember what I had learned previously but it is always good to refresh."
- One person's abilities to consent to care had deteriorated which had caused concern. The provider carried out an MCA assessment and followed best interest decision making protocols.
- Records demonstrated the relevant processes had been followed and staff were working to the principles of the MCA.
- The provider had involved relevant agencies and applied for a DoLS. Whilst the application had been

assessed the provider had not received the authorisation at the time of the inspection.

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

- People's needs were assessed using nationally recognised tools for areas such as pressure area care and malnutrition. Where people had specific health conditions the provider had sourced information and guidance to help staff understand their needs. For example, one person had multiple sclerosis, there was information in their care plan on this condition.
- Staff were able to access guidance from the National Institute for Health and Care Excellence (NICE) when needed and had good working relationships with local community nurses. This enabled staff to seek guidance about people's needs to inform care planning.
- People's oral health needs had been assessed and guidance written to give staff guidance on how to meet needs.

Staff support: induction, training, skills and experience

- Staff had a variety of training to give them the skills they needed to meet people's needs. Training was provided in different ways such as face to face, reading and online training. One member of staff told us, "I get more training here than anywhere else I have worked; we get whatever training we need."
- During our inspection we could see fire training had been booked. The provider told us they sourced a retired fire officer to provide some of their fire training to the staff which they found interesting.
- Staff told us they had regular supervision. As the service was small staff felt able to talk to the provider anytime, they needed to. One member of staff said, "I feel well supported."
- The provider told us they were preparing to carry out annual appraisals with the staff, which they did every year to discuss development needs.

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

- People told us they enjoyed the food. One person said, "The food is good. I couldn't fault the food and the communal dining room, and the timing is good. The kitchen staff prepare food with care and thought." One relative told us, "It is all homemade food, it is lovely."
- We observed a mealtime and saw it was relaxed and inclusive. People had the support they needed in a timely way. There were no set times for meals, people ate when they were hungry.
- There were also no set menus. People chose what they wanted to eat on the day. The provider told us they knew what people's likes and dislikes were so made sure they had relevant supplies in stock.

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

- People were referred to external agencies to maintain their care and support. Community nurses visited regularly, and we observed two GP's visited during our site visit.
- During our inspection we saw staff had contacted the care home liaison service who provide care homes support for people living with dementia. Staff were working with the liaison service to monitor a person's behaviour.
- Staff had handovers to make sure they were kept up to date with any changes to people's needs. There was also a communication book for information to be recorded and shared with all the staff.

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

- The service was small and felt homely. Communal rooms on the ground floor had doors which led to the garden area which was secure.
- People had their own rooms which they could personalise with their own objects such as photographs and small items of furniture.

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 now 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection we assessed the service was in breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had failed to put into place systems to assess and monitor the quality and safety of the service. This was a repeated breach of Regulation 17. We serviced a warning notice as a result of this ongoing breach of the regulation.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- At our last inspection we found that people's records had not always been updated with changes in needs. At this inspection we saw people's records had been reviewed and were up to date with people's current needs. Staff had organised for the community nurses to help with assessments of people's skin.
- At our last inspection we saw staff had not completed records in full documenting what care had been provided. At this inspection we saw this had improved. People's daily notes and monitoring records clearly recorded people's care and support.
- At our last inspection CQC notifications had not been submitted when required. At this inspection we saw this had improved. Prior to our visit we had received notifications as required by law.
- Surveys had not been completed since our last inspection, but the provider had met and talked with relatives regularly about people's care and support. One relative told us, "I could definitely talk to [provider]. I can email or call anytime. They are open to discussion and they help whenever they can."
- At our last inspection we saw evidence of outdated practice. At this inspection we did not see any evidence of outdated practice recorded in people's notes.
- People received person-centred care which was planned to meet their individual needs from staff who knew them. One relative told us, "One aspect I have been really pleased about and appreciated is the low staff turnover and the bond the staff can make with people because they get to know them over a period of time, which is excellent."
- Staff continued to enjoy their jobs and told us despite the difficulties of working in a pandemic over the past 12 months there was good morale amongst the team. Comments included, "There is amazing people here, we are a great team" and "Everybody has supported everyone in the last year. We have covered shifts

and we work as a team. [provider] is always there for everybody, she is always there for families and for staff."

- Staff told us they felt supported by the provider and able to approach them with any concerns or share their ideas. Comments included, "[provider] always goes through things with me, with anything, she knows how to say things to me in a way I understand which is nice. I can talk with her about anything and everything" and "I get the support I need, if I need her, I can ring her she will come around any time. She is there at the end of the phone if I need her."

Working in partnership with others

- The provider worked in partnership with a range of healthcare professionals including speech and language specialists and the local authority safeguarding team.
- Referrals and been made in a timely way and any guidance shared had been implemented by staff. One professional told us, "They [staff] are always asking us questions and making sure they are doing the right thing. They are very responsive to anything we say."