Colleycare Limited

St Lauras

Inspection report

32
High Street
Kings Langley
WD4 8BH

Tel: 01923260827

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Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

About the service
St Lauras is a purpose-built residential care home, offering accommodation for 64 people on four floors with selection of open plan communal areas. 36 people were living in the home at the time of the inspection.

People's experience of using this service and what we found
People told us they felt safe in the home and they liked living there. They told us staff knew them well and if they needed any support staff were at hand. Their health needs were monitored by staff and health professionals were involved in people's care. People's medicines were managed safely.

People had been supported to receive a wide range of visits in accordance with their preferences. These included window visits, garden visits, socially distanced visits in the outside 'cabin' set up by the provider and indoor visits were planned for single named visitors, in accordance with guidance that had been recently published.

A new manager started at the service a few weeks before the inspection. They identified that some improvements were needed, this included the development of people's care plans, risk management including falls and weight loss, record keeping and staff deployment. Regular audits were carried out to help monitor the quality and safety of the service provided.

Staff told us they were happy with the training and support they received from their managers.

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

Rating at last inspection
This service was registered with us on 28 November 2019 and has not been rated. This is the first inspection.

Why we inspected
We undertook this targeted inspection to check specific concerns we received from members of the public. This included concerns about how the service had managed the Covid-19 outbreak in the home, how peoples medicines were managed and that fire drills were not completed.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

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?

Inspected but not rated

We have not rated this key question at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Inspected but not rated

We have not rated this key question at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

St Lauras

Detailed findings

Background to this inspection

The inspection
This was a targeted inspection to check specific concerns we had about how the service managed the Covid-19 outbreak in the home, if people's medicines were managed safely and if fire drills were completed.

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 two inspectors.

Service and service type
St Lauras 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 unannounced.

What we did before inspection
We reviewed information we had received about the service since the last 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 with four people who used the service about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, new manager and care staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including medication audits and infection control audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke seven members of staff and e-mailed six relatives for feedback about the service.

Inspected but not rated

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

We have not rated this key question, as we have only looked at the part of the key question, we had specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicine management, management of outbreak of Covid-19. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the home and with the way staff supported them. One person told us how staff monitored their health and if any signs of ill health were identified their GP was notified. They told us this made them feel safe and well looked after.
- Staff told us they received safeguarding training and they knew how to report their concerns internally and externally to the local safeguarding authority.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure people were protected from the risk of harm as far as possible.
- Some risk assessments needed further developing to ensure all measures were considered to mitigate risks and for staff to have guidance in how to keep people safe. The new manager was in the process of developing further falls risk assessments for people, as well as re-assessing people who had lost weight recently.
- People had Personal Emergency Evacuation Plans (PEEP) in place to ensure staff knew how to support people in case of an emergency, like fire. There were regular fire drills where staff exercised how to evacuate people.

Using medicines safely

- Medicines were managed safely. We saw that staff worked safely and followed the correct procedures when administering people's medicines. There were regular checks in place, including a monthly audit.
- Staff confirmed they received regular training to support the safe administration of medicines. Their competency to administer medicines was assessed, post training, as part of a practical supervision.

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.

Inspected but not rated

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.

We have not rated this key question, as we have only looked at the part of the key question, we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about medicine management and the management of an outbreak of Covid-19. We will assess all of the key question at the next comprehensive inspection of the service.

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

- There was a registered manager who was handing over the management of the home to the new manager.
- Staff felt supported and listened to by their managers. One staff member told us the new manager identified the need for 'significant changes, a whole lot of new initiatives in the home ` .' Another staff member said, "The new manager is really supportive, it is not just with me it is with everyone. So many changes have happened."
- The new manager carried out observations and audits of care plans and other areas of the service to assess the quality and safety of the care people received. They developed an action plan for the areas they identified in need of improvement. These included: record keeping, risk management, care plans updates, staff deployment and the need of further training for staff in senior roles to further their skills.