Care Quality Commission

Larchwood Care Homes (South) Limited

Lauriston House

Inspection report

Lauriston House Nursing Home
Bickley Park Road
Bromley
Kent
BR1 2AZ

Date of inspection visit:
02 August 2016
04 August 2016

Date of publication:
09 September 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of this service on 17 and 19 February 2016 following concerns we received in relation to the care delivery and the management of the service. We found breaches of regulations in that medicines were not safely managed, staffing levels were not appropriate to meet the needs of people at the home. Systems and processes in place for auditing medicines were not robust in identifying issues to improve on the quality of the service. The provider complaints policy had not been followed in all cases to ensure that complaints and concerns raised were addressed appropriately. The providers monitoring checks were not effective in identifying the concerns we found at our inspection. Records were not always kept to demonstrate that the care delivery was in line with the care and treatment planned for.

Following the inspection we served a warning notice on the provider and registered manager requiring them to comply with the regulations. The provider wrote to us to say what they would do to meet legal requirements in relation to the breaches.

We undertook this focused inspection on 02 and 04 August 2016 to check that the provider had followed their plan and to confirm that they now met legal requirements.
At this inspection we found that the service was now compliant with the regulations that had been previously breached. However there was one new breach identified because of a lack of activities designed to meet people's needs and preferences.

The home did not have a registered manager in post. 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. The service was in the process of recruiting a permanent manager. At the time of our inspection there was an interim manager in place at the home.

Lauriston House provides residential and nurse care for up to 39 older people most of whom are living with dementia. At the time of our inspection there were 33 people using the service.

Staff training required improvement to ensure that staff were up to date with training courses to meet people's needs at the home.

Medicines were managed effectively. Regular medicine audits were conducted. Staff had completed medicines training and the home had a clear medicines policy in place which was accessible to staff. The home maintained adequate staffing levels to support people in the home. Procedures and policies relating to safeguarding people from harm were in place and accessible to staff. Staff demonstrated an understanding of types of abuse to look out for and knew how to raise safeguarding concerns. Risks to people using the service were assessed reviewed, recorded and managed appropriately.

We saw friendly, caring and supportive interactions between staff and people using the service and staff knew about peoples the needs and preferences. Care plans were person centred and regularly reviewed.

Staff received regular supervisions and these were scheduled across the year. Staff were safely recruited with necessary pre-employment checks carried out.

People's capacity and rights to make decisions about their care and treatment where appropriate were assessed in line with the Mental Capacity Act 2005 (MCA 2005).
People were provided with sufficient amounts of nutritional food and drink to meet their needs. People were consulted about menu choices and supported to maintain a balanced diet.. People were supported to maintain good health and have access to healthcare services.

Concerns and complaints were investigated and responded to in a timely and appropriate manner. There was evidence of medicines and overall compliance audits and issues identified were actioned promptly. The manager was accessible to people, and staff spoke positively about the support available to them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Safe recruitment protocols were not always in place to make sure that staff were suitable to work with the people they were caring for.

People's medicines were managed safely. Staff were aware of their responsibility to safeguard people that they cared for. Risk to people had been identified with relevant action plans to mitigate these risks.

Staffing levels ensured that people's needs were met in a timely manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff did not always receive regular training relevant to the needs of people using the service.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and people were supported to have a balanced diet. People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

The service was caring.

Staff engaged positively with people. People's privacy and dignity was respected.

People using the service and their relatives had been consulted about their or their relative's needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

There was a part-time activities coordinator in post; however activities available were not always sufficient to meet people's needs.

The provider had a complaints policy in place and complaints were dealt with in line with the provider's policy.

Care plans included guidance on how best to support people at the home.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service did not have a registered manager in place.

People, their relatives and staff felt that management had improved and were complimentary of positive changes made. However, time was still needed to ensure that these positive changes were sustained.

People could express their views through residents and relatives meetings and received monthly newsletters.

The provider had effective systems in place to assess and monitor the quality of the service.

Lauriston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to check on previous breaches of regulation.

This comprehensive inspection took place on 02 and 04 August 2016 and was unannounced. The inspection team consisted of one inspector, a specialist advisor and an expert by experience (ExE) on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. A pharmacy inspector attended with the lead inspector on the second day.

Before the inspection, we reviewed information we held about the service including complaints, safeguarding, whistleblowing and any notifications the provider had sent us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority to obtain their views about the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

At the inspection, we spoke with four people using the service and six relatives. We interviewed six care staff in total, two registered nurses, four care workers and one domestic staff. The area manager was also present on the first day of the inspection.

We looked at records, including the care records of five people using the service, staff recruitment and training records and records relating to the management of the service.

Not everyone at the service was able to communicate their views to us so we used the Short Observations Framework for Inspections (SOFI) to observe people's experiences throughout the day. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at the home. One person said, "I am safe here and I am treated with respect and dignity." A relative told us, "I feel that [my loved one] is safe in the home." Staff that we spoke with understood their responsibility to keep people safe, and how to report any accidents or incidents.

At our previous inspection we found that the home was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that medicines were not managed safely. We served a warning notice requiring the provider to take action to meet Regulation 12 by 31 May 2016. Following the inspection the provider sent us an action plan setting out the action they had taken to improve the management of medicines at the home. We used this action plan when we reviewed progress on meeting the regulation during our inspection.

Medication administration records (MAR) were not accurately completed and guidance in place was not sufficient to guide staff on how to support people with their medicines. At this inspection we found that improvements had been made and medicines were managed safely. MAR contained a recent picture of each person using the service to assist staff in identifying the correct person as well as people's allergy statuses. Nurses handwrote MAR chart entries for new medicines until the pharmacy could supply a printed MAR chart. When this was done, we saw that two nurses signed the MAR chart, in line with the medicines policy for the service.

Medicines were signed as administered on the MAR chart. This provided a level of assurance that people were receiving their medicines safely, consistently and as prescribed. However, we saw that one medicine for a person had run out, had been reordered, but had not been received in time to ensure that no doses were missed. In this case, the impact on the person was minimal and the provider had taken appropriate action to remedy the issue as soon as it was discovered by reordering the medication and liaising with the GP.

Topical MAR charts were used to record the administration of topical preparations to the people. Health care assistants were allowed to apply preparations for dry skin but we were told by staff and the manager that this was done under the direct supervision of a nurse.

The clinical rooms were clean and had handwashing facilities. Nurses checked the minimum and maximum fridge temperatures daily and we saw that temperatures were in the correct range for all medicines to remain effective.

At our previous inspection we found a breach of regulations in that staffing levels were not sufficient to meet people's needs. The provider wrote to us and told us what action they would take to address this. At the time of this inspection we saw that staffing arrangements had improved and that sufficient numbers of staff were available. The provider had completed dependency tools for all the people living at the home to assess people's staffing needs. One staff member told us, "When I started working here staffing levels were terrible with lots of shortages. There have been improvements with the new provider takeover and we use agency if

we need to now." Another staff member told us. "We always make sure that permanent staff are working with agency staff." We saw on the day that call bell response times were met within appropriate timeframes and one person told us "I think I pressed it [call bell] once and the response was prompt, took them five minutes."

At the current inspection we found improvements were required in ensuring staff employed were suitable. The manager informed us that they were undertaking an audit of staff files to ensure that all necessary documents and safe recruitment checks were in place. They had identified that evidence of criminal records checks were missing from some staff files. The manager showed us that where gaps in criminal records checks had been identified staff had been written to and plans were in place to renew their checks where necessary. However there were not risk assessments undertaken of staff's suitability to continue working during this time. This required improvement to ensure that staff were suitably checked to work with people at the home and we will check on the progress of this at our next inspection. Staff files included application forms and appropriate references. Records seen confirmed that staff members were entitled to work in the UK.

At our last inspection we found issues with the maintenance of equipment, and where equipment was faulty this was impacting on those using the service. At this inspection we saw that there was an effective system to highlight and record maintenance issues, with action taken clearly recorded. We could see that the service had ensured regular equipment checks, such as on hoists had been completed since our last inspection and that a future service had been scheduled.

The home had a safeguarding policy in place and we saw the local authority safeguarding protocols were located on staff information boards. Records showed that staff received training on safeguarding. Staff were able to describe different types of abuse that could occur and the steps they would take if they had any concerns about peoples care and treatment. Staff were aware that they could report abuse concerns outside of the organisation to the local safeguarding authority and the CQC. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, their nutritional needs, moving and handling and social and leisure needs. For example, where one person required the use of bed rails a risk assessment had been completed, and another person had a risk assessment in relation to their continence. Risk assessments were reviewed on a monthly basis, and we saw that they contained relevant guidance for staff on how to reduce risks.

There were arrangements in place to deal with foreseeable emergencies. Staff were clear on how to keep people safe in the event of a fire, and we saw that people using the service had personal emergency evacuation plans in place.

Requires Improvement

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us staff were skilled to meet their needs. A relative told us, "I would think so yes, they are more than qualified and trained, they are able to meet [my loved one's] needs, and that is what is really important." One person living at the home told us, "Yes, I think they are well trained." However we identified some concerns with training frequency in that some staff were not up to date with mandatory requirements.

Training required improvement to ensure that staff were suitably equipped to support people. Staff were not always up to date with the appropriate training to meet people's care and support needs. We looked at training records and found that not all staff were up to date with the providers mandatory training on basic life support, care planning and record keeping, COSHH, dignity and respect with customer care, equality, diversity and inclusion, food safety, infection control, safeguarding of vulnerable adults and fire safety. Other mandatory training included topics such as dementia awareness, manual handing, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). However we found that the manager had identified gaps in staff training prior to the inspection and had already taken steps to address this. They showed us records of future training bookings where gaps had been identified. Where appropriate, staff had been removed from duties directly affected by their training gaps. For example, where a person had not received manual handling training they were not permitted to work with people that needed support with moving and handling. We will monitor this at our next inspection.

The manager told us that staff received supervision three times a year. Supervision records that we looked at showed that staff had not received supervision from management prior to June 2016. This had been due to changes in management; however staff had not received supervision during that time. Since the new manager came into post supervision had been delivered to staff. Two of the staff members that we spoke with told us they had received two supervisions since the beginning of the year. The manager showed us that regular staff supervision had been scheduled for the rest of the year for all staff. One staff member told us "I find supervision very useful and very important." Another staff member said, "It helps to know strength, weakness and how to improve myself."

People and their relatives provided mixed views about the food options that were available to them. One person said, "I do enjoy meals here; they give me meals to control my diabetes." However, relatives that we spoke with expressed some concerns about the food and said "I mean food is not the best, but I guess some residents like it, some don't that is just normal." Another relative said, "I bring her fruit and stuff like that, because I think the food here is terrible." We spoke with the chef, who told us that additional fresh fruit and vegetables had been added to the home's shopping list. Residents meeting minutes and the monthly newsletter confirmed that these changes had been implemented and more fruit and vegetables were now available.

The daily menu was displayed on the dining tables across both floors of the home. Staff told us that people were asked for their meal choices each day, and where they wished to request an alternative this would be conveyed to the chef. However there was no pictorial guidance to support those with communication

difficulties to understand and make their meal choices and this required improvement.
The kitchen was clean and was awarded a three star food and hygiene rating. There was a list of those people with special dietary requirements in the kitchen and the chef told us that this information was updated whenever people's needs changed to ensure people were given suitable food.

We observed how people were being supported and cared for at lunchtime. We saw that people were being supported, where required, to eat their meals; one person was provided with a plate guard to support them to eat their meal. Staff were attentive to people's needs and where people required one to one support we saw that this was provided.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. The MCA DoLS require providers to submit applications to a 'supervisory body' for authority to do so. We saw that a number of applications had been made to the local authority to deprive people of their liberty, for their own safety. Where DoLs had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

Staff we spoke with knew of the need to refer to other professionals in order to meet people's healthcare needs. One staff member said, "We contact a dietician if someone is losing weight." One member of staff told us that a dentist visited every six months to provide dental hygiene to residents. Care files that we looked at included doctors visit records as well as details of people's chiropody requirements. Records also showed that people had been referred to a Speech and Language Therapist (SALT) where necessary and that copies of hospital correspondence were kept on file. On one day of inspection a GP was visiting, and had been provided with updates for the individuals that needed to be seen that day.

Good

Is the service caring?

Our findings

People living at the home spoke positively about staff. One person said, "Really kind staff. Oh god, yes" and another said "Staff are really good and caring; sometimes they just come in my room to have a chat and say hi." One person said, "Towards me, staff are very patient." We observed positive and caring interactions between staff and people who used the service, with additional staff offering support where necessary.

Staff knew the people they were caring for, and their preferences. One staff member said "[Person using the service] likes to talk about the war, her nursing past and schooling. They love reading and writing." Another staff member told us that one person liked to go out for lunch with friends on Tuesdays and that they liked to go in the garden and preferred dark tea. The manager told us that there were no restrictions on visiting times, and we saw that relatives were visiting throughout the course of our inspection.

People were supported to meet their spiritual needs. Staff told us that a church service is held at the home each month for people to attend. Two volunteers from the church also attended the home on a weekly basis to speak with residents. Staff also told us one person chose to have their own priest at the home on a weekly basis to provide communion. One person preferred not to eat dark meats as part of their religion and staff told us that this had been communicated to the kitchen and alternative meal choices were offered.

Staff were observed to treat people with dignity and respect. One person told us, "Oh yes, staff treat me really well and with dignity, respect and they do respect my privacy which is really important for me." Another person said, "Staff treat me really well and respect my privacy which is very important you know." We observed staff knocking on people's doors before entering their rooms, and before completing tasks for people they told the person who they were and what they were going to do. One member of staff explained, "I put myself in their shoes and how I'd like to be looked after. I give them choices and looked after them the best way I can."

People told us that they were actively involved in their care. Information contained in the care files indicated that, where appropriate, people's relatives had been involved in the care planning process. One relative told us "I am very much involved in my mother's care plan, as it is important for her and for us as a family." People using the services care plans included details of their life histories, as well as family member's birthdays and next of kin details. Where new care plan paperwork had been implemented across the home we could also see that these were signed off by family members where necessary.

Requires Improvement

Is the service responsive?

Our findings

Residents and relatives that we spoke with told us that activity choices within the home were limited. One person told us, "There are not many activities going on here, I am very bored every day, all day, I think we need more activities here." A relative told us "Activities here are limited, there is not a lot for [my loved one] to do here."

At our last inspection in February 2016 we found that activities that were appropriate to meet people's needs and preferences required improvement, and at this inspection we found that insufficient improvement had been made.

Although activities on offer for the week were clearly listed by the entrance on each floor of the home, staff were not all clear in telling us what activities were on offer. We found minutes of a relative's meeting in May 2016 which recorded that feedback had been received stating that activities did not start on time. Although this issue had been identified, we could not see that improvements had been made to this; on one day of inspection staff were not clear when the day's activities should begin, and we found that the activity co-ordinator started an hour later than at the advertised time.

People's need for stimulation and activity was not being met. On both days of our inspection activities took place in the afternoon and we observed that there was minimal engagement and participation in the activities from people using the service. On one day of the inspection five people using the service were present in the lounge with only two people participating in arts and crafts that were on offer whilst others were observed to be withdrawn or asleep. The activities that were taking place were not suitable for the environment in which we observed them. We also observed that whilst arts and crafts were taking place at the table, the television was on and music was playing all at the same time. Whilst the activities person was trying hard to interact with people using the service the environment made this difficult to do.

People's preferences were not reflected in the activities programme. For example, one person's records detailed that they liked to watch the horse racing, although we could not see that the person was supported to undertake this activity. Staff also told us that they felt activities required improvement telling us, "They used to have outings but that's stopped now" and another staff member said "I feel they need to do more, including a sensory room and to get another activity person in."

The manager and staff recognised that some people preferred to stay in their rooms, and they told us that some activities were taken to people's rooms where possible such as playing cards and reminiscence. However, we did not see activities taking place in people's rooms across the two days of our inspection. The activities that were on offer did not always provide enough stimulation and interaction for people at the home.

These issues were a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. The provider told us recruitment of another activities co-ordinator was ongoing, however this issue was raised at our last inspection and appropriate action had not been taken.

At our last inspection we found a breach of regulations in that complaints had not been dealt with effectively. The provider wrote to us and told us what action they would take to address this. At this inspection, we found that complaints were dealt with in line with the provider's timeframes. One relative told us, "I had made a complaint before the new manager started, it was not dealt with accordingly, but with the new manager we had a chat and it was dealt with accordingly so I was happy about that." There was a complaints policy and people and relatives were provided with the complaints procedure on admission to the home. Staff told us about the steps they would take if they received any complaints which included alerting the management and if further escalation required; the local authority and CQC. The service had a complaints register in place recording the dates that complaints were received, acknowledged and any corrective action taken to resolve the issue. Records showed that all complaints received to date had been dealt with effectively.

Care plans included information on people's likes and dislikes and guidance for staff on how best to support people. Care plans included detail on how best to support people with their preferred activities during the day and how to support them during the night. Each care plan was reviewed monthly or when people's needs changed and included relevant information regarding people's current care needs. Daily care notes we looked at demonstrated that care delivery was in line with the care that had been planned for people. For example, one person's transfer needs and invites to engage in activities had been clearly recorded in their care notes.

We saw that there were regular monthly residents meetings. Topics discussed at the last meeting in June included choosing activities, food menus and discussion of recent events such as a garden party. Where suggestions had been raised in relation to the food menus we saw that had action had been taken, and that funds from the garden party were to be used to improve activities.

Requires Improvement

Is the service well-led?

Our findings

People that we spoke with felt that management of the home had improved. One person said, "The new manager is great, she is always improving things here." Another person said, "I know who the manager is and I think she has improved a few things around here, such as organisation and meals." A relative told us, "I am glad the new manager is so proactive."

However, at the time of our inspection there was no registered manager in post and there were further changes to management pending. The current manager was working on an interim basis and told us that they were hopeful that a permanent manager would soon be recruited although this was not confirmed at the time of inspection. The manager had taken steps to begin recruitment of a new activities co-ordinator but we found that the activities being delivered at the time of inspection required improvement to meet the needs of people at the home, and that sufficient improvement had not been made following our last inspection.

The interim manager had ensured that notifications were made to the CQC when required.

At our last inspection we found a breach of regulation 17 in that appropriate checks had not been put in place to ensure that the cleanliness of the home was maintained or improved at all times. We also found a breach in that effective quality monitoring systems were not in place to identify concerns and improve the quality of the service for people. The provider wrote to us and told us the action they would take to improve on these issues. At this inspection, the provider had met the legal requirements for this regulation.

At the time of this inspection we saw that the home was cleaned regularly throughout the day, and that monthly room checks were in place to check on any maintenance issues in the home. The cleanliness of the kitchen area and medicines rooms were also maintained.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the home. Regular health and safety checks were completed as well as fire safety checks. Audits were regularly carried out of bedrail checks, monthly pressure sores, infection control, catheters and nutritional tools. The provider carried out regular audits of medicines to ensure compliance. An audit of staff files was currently being undertaken and medicines audits were completed on a weekly basis. Care file audits were also due to commence the week after inspection following the implementation of new paperwork across the service.

Staff we spoke with felt that the management of the service had improved and that more time was allowed for interactions with people at the home. One staff member said, "I feel it's getting better now and that staff are more motivated. Relationships between the management and staff is better." One staff member said, "It's a nice place to work, very nice family members and residents."

Staff meetings had been introduced and took place on a bi-monthly basis. One staff member said, "We can take suggestions there. It's very important for staff to improve how they care for people." Staff meetings

covered areas such as person centred care, staffing levels, training and interactions with residents. We also observed that the manager had an open door policy.

The current manager had introduced a monthly newsletter which had been positively received by relatives and residents. The newsletter covered updates on management and findings from the last quality visit from the local authorities that commission services from the provider. Relatives meetings were also held regularly. The minutes from the July meeting included the findings of the last CQC report and developments at the service, for example improving care plans, the summer fete and food menus.

The manager told us that surveys were sent out every six months through head office. At the time of inspection the current manager told us she did not know where the responses from the March survey were but that she would look to source these, analyse the findings and take appropriate action where necessary.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People were not supported to engage in meaningful activities and stimulation at the home