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 caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 February 2016 and was unannounced. The inspection was undertaken by one inspector. Prior to the inspection we looked at all information available to us. This included looking at any notifications submitted by the service. Notifications are information about specific events that the provider is required to tell us about.

As part of our inspection we reviewed the care records for three people living in the home and also looked at staff records to see how they were trained and supported. We made observations of the care people received. This was because they were unable to tell us verbally of their experience of living in the home. We spoke with three members of staff. We looked at other records relating to the running of the home which included audits, staff supervision and training records and meeting minutes.

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

There were sufficient numbers of staff during our inspection to ensure that people were cared for in a safe way that met their needs.

There were risk assessments in place to guide staff in supporting people safely.

Staff were trained in and felt confident about safeguarding people from abuse.

Recruitment procedures were in place that ensured staff were suitable to work with people who lived in the home.

Procedures and systems were in place to manage people's medicines safely.

Is the service effective?

Good

The service was effective

People's rights were protected in line with Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff received training in this area to remain up to date with the latest guidance.

People received coordinated care and support and staff worked with other healthcare professionals. This ensured important information about the person's needs was shared.

Staff received good training and support to fulfil their roles that ensured People's needs were met.

People's health and nutritional needs were met. People received the support they required in line with their care and support plan.

Staff received supervision and training to support them in carrying out their roles effectively.

Is the service caring?

Good

The service was caring.

People told us they felt well cared for by staff. Observations that we made confirmed people were comfortable in the company of staff and relatives were made welcome when they visited the home.

Staff were caring and observations we made found staff understood people's individual needs and preferences. Staff supported people to maintain relationships that were important to them.

People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished.

Is the service responsive?

Good

The service was responsive.

Staff understood people as individuals with their own likes and preferences.

Personalised care and choice was delivered to everyone who used the service.

There was a process in place to manage complaints and people felt able to raise issues or concerns.

Is the service well-led?

Good

The service was well led.

There was an open and transparent culture in the home. Staff were confident about raising issues and concerns and felt listened to by the registered manager.

The registered manager communicated with staff about the service. Monthly staff meetings took place and staff were given opportunities to share ideas.

There were systems in place to monitor the quality and safety of the service provided. Action plans were devised and followed to improve the systems that were in place.

People's opinions were sought to improve the quality of the service.

Laurieston House

Detailed findings

Background to this inspection

This inspection took place on 20 February 2016 and was unannounced. The last inspection took place on 14 May 2013 and no breaches of legal requirements were found at that time.

Laurieston House provides care and accommodation for up to nine older people. At the time of our inspection there were seven people using the service.

There was a registered manager in place at the home. 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.

People in the home were supported by safe numbers of staff who were able to meet their needs. Staffing levels were also flexible to accommodate the needs of people. For example, if a person was unwell more staffing would be arranged.

There were risk assessments in place to ensure that staff received guidance in how to support people safely. These were reflective of people's needs and were reviewed and updated regularly.

People received their medicines safely and in accordance with their GP instructions. Staff received training in this area before they administered any people's medicines.

People told us they felt safe and were well cared for. Procedures and systems were in place to keep people safe and staff were trained in safeguarding.

Staff involved people in their care planning and reviews wherever possible. Family representatives were involved where appropriate.

Staff were caring and observations we made found staff understood people's individual needs and preferences. Staff supported people to maintain relationships that were important to them. Documentation in their files confirmed this.

Personalised care and support was offered to everyone who lived in the home. People were able to follow their own preferred routines during the day, for example by getting up and going to bed when they wished.

People's rights were protected in line with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity was considered in decisions being made about their care and support and best interest decisions made when necessary. Where appropriate, applications to deprive a person of their liberty were made to the relevant authority.

The provider had robust recruitment procedures in place that ensured staff were employed with the correct skills and understanding to meet people's needs.

The service was well led by the registered manager. Staff reported feeling well supported and able to raise any concerns or issues. There was a positive attitude amongst staff towards their work and they felt like part of a wider family.

There were systems in place to monitor the quality and safety of the service. This included a programme of audit that looked at medicines, the environment and people's care plans. People's opinions were sought on a daily basis and also through yearly satisfaction surveys. The provider told us this help to improve the quality of the service.

Good

Is the service safe?

Our findings

Maintenance, electrical and property checks were undertaken to ensure they were safe for people that used the service. We noted some damage to the enamel of a bath hoist and some enamel on one of the baths. The damage in these areas would make it difficult to effectively clean to be in keeping with good infection control guidelines. During the inspection the provider confirmed a new hoist was on order and a maintenance plan was in place to address the bath enamel.

People we spoke with told us they felt safe in the home. One person said "they keep us safe here, nothing is too much trouble". Another person told us "Oh yes I get all I need here". A visiting relative told us "they are brilliant here! 10/10 for all of them [name] is totally safe here".

We found the provider had systems in place that safeguarded people from abuse. Staff we spoke with had a good understanding of what safeguarding meant and the processes to follow to report concerns. Staff received training in safeguarding and from speaking with staff it was clear they also received regular updates to ensure they were up to date with the latest guidance. Staff we spoke with said "people do feel safe with me, we look after people well. I would have no problem with reporting anything if I thought it wasn't good enough". Another member of staff said "we can go to [name] anytime they are always available and very approachable".

Medicines were stored safely and securely so that only those authorised to do so were able to access them. A clear policy was in place and staff received training to ensure they were competent in medicines administration. Medicines were recorded on a Medicine Administration Chart (MAR) chart provided by the dispensing pharmacy. We found no omissions or errors in
the charts that we viewed. Stock levels were checked when new supplies were delivered from the pharmacy and recorded on people's individual MAR charts. Between these times, senior staff checked the stock levels to ensure people received their medicines in line with the GP instructions. Good information was available for staff about the effects of people's medicines and what they were for. This ensured staff could safely manage any changes in people's health that may be linked to a change in their medicines.

During our inspection sufficient numbers of staff were on duty to safely meet the needs of people living in the home. There were structured recruitment practices in place to support the provider in making safe recruitment decisions. This included the completion of a Disclosure and Barring Service (DBS) check. This check gives information about any criminal convictions a person has and whether they are barred from working with vulnerable adults. The provider told us when potential applicants visited the home they asked people how they felt about the candidate and observed if they interacted with people. They said "you will be surprised what you can learn when you invite the applicants in to the home. You can gauge how they will fit in and if they are able to converse and communicate with people".

Risks to people's safety were assessed before they came into the service. The risks associated with people's care and support were assessed and reviewed regularly. Measures were put in place to guide staff in reducing the risk to the person and ensuring they were safe. This included risk of trips and falls. One person's

documentation clearly set out "staff to ensure no obstacles are in [name] way". We observed that people's rooms were arranged in a safe way, free from trip hazards.

The provider had appropriate arrangements for reporting and reviewing incidents and accidents The registered manager audited all incidents to identify trends or lessons to be learnt. Records showed these were clearly audited and any actions were followed up and support plans adjusted accordingly.

Emergency contingency plans were in place and regular fire alarm tests took place to ensure all equipment was fit for its purpose and staff were aware of the procedure in place. People had individual personal evacuation plans in place that contained information of how they needed to be supported in the case of a fire.

Good

Is the service effective?

Our findings

The service was effective. People's rights were protected in line with the Mental Capacity Act 2005.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 legally authorised under the MCA. We saw examples of best interest decisions being taken on behalf of people, where it had been assessed they did not have the capacity to make specific decisions. Documentation contained details of who was consulted and involved in the decision making process. The assessment clearly identified the day to day decisions the person could make independently and the support required for more important decisions that may need to be made.

Staff confirmed they had received training in the Mental Capacity Act 2005. Staff were able to tell us about key aspects of the legislation and how this affected people on a daily basis with their care routines. Staff were heard routinely asking people for their consent throughout the inspection and had a good understanding of people's non-verbal communication needs that ensured their rights were respected. Staff gave examples of how they understood from people's facial expressions and vocalisation if they were happy to proceed with their routines.

Some people's documentation demonstrated how they had been involved in their care planning and risk assessments. For example, one person's documentation stated "[name] has been fully involved, assessed and consented to using the bath hoist". This evidenced people were consulted and involved in their risk management planning.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLs). A process was in place and staff were aware what this meant. If a person needed to be deprived of their liberty in order to keep them safe and it was in their best interests to do so, a process was in place to make an application to relevant authority for Deprivation of Liberty Safeguards (DoLS) authorisation.

People received co-ordinated care and their ongoing health needs were managed. People's care records were maintained accurately and completely to ensure full information was available to guide staff in meeting people's needs. We saw evidence in people's care plans that demonstrated people had been visited by their GP and referrals were made to other health care professionals when required. For example, people who required support with their nutritional intake were referred to dietitions and speech and language therapists (SALT). These external professionals gave advice to guide staff mange people's nutritional needs effectively.

People were supported at the lunchtime meal activity in line with their assessed needs. Staff sat with people and verbally interacted with them as they supported them. Staff told us people were given options at meals

times and alternatives were provided if neither of the options suited a person. The provider told us "people decide on a daily basis what they would like to have. We are always in a position to offer alternatives and snacks are always available for people at any time". One person we spoke with confirmed this system was in place.

The provider had a system in place to support staff and provide opportunities to develop their skills. New staff completed an induction training programme and the organisation intended for any new staff to undertake the new 'care certificate'. The care certificate included training, supervision and competency checks. One to one supervision with a senior member of staff took place on a regular basis. Supervision is dedicated time for staff to discuss their role and personal development needs. A member of staff said "yes I have supervision from [name]. However I don't have to wait for that date I can ask [name] at any time to meet".

Staff were positive about the support and training they received. Staff were also supported to undertake further development training such as NVQ 2 and NVQ 3 and the provider told us management team members also undertook NVQ 4 in social care. Senior staff said "we work hard to keep updated on best practice and we encourage other staff to look for courses that interests them". We viewed the overall training records which showed when all mandatory training topics had been completed. Staff received additional training relevant to the needs of the individuals they supported. For example, we saw that staff received training in managing Parkinson's disease. A senior member of staff told us this was provided by a local Parkinson's nurse. They told us the service often drew on the expertise of external professionals for training in specialised areas to increase their knowledge and skills in these areas.

Good

Is the service caring?

Our findings

People told us they felt staff were caring and made their visitors welcome. One visiting relative told us "It's not an institution it like an ordinary shared house. It always has a large family feel". One person told us "they are great girls. I couldn't think of anywhere else I would want to be. They work very hard". Observations that we made confirmed people were comfortable in the presence of staff and exchange appropriate jovial banter.

Compliments were received by the service. Comments were positive and included included: "how can I begin to thank you for your love, care and attention shown to [name]", "your care is above and beyond" and "thank you to all the staff for the kindness shown to [name]".

Staff supported people in a caring and sensitive manner. Documentation gave staff the guidance to follow. For example, one person's documentation in relation to the person's vision and meal time support, discreetly and sensitively described how the staff could support the person during this activity.

People's independence was promoted. It was clear in people's care plans, the aspects of their care routine they were able to manage for themselves. For example, we read one person was able to manage aspects of their personal care with verbal prompting and guidelines were in place that enabled the person to be as independent as possible. Staff were heard offering encouragement and appropriately praised people for their independent efforts that they made in the communal areas during routines.

During our inspection we observed staff maintaining and respecting people's privacy and dignity. staff knocked on people's doors before entering and gained their consent to enter and consent to undertake their routines. The provider asked some people if they were happy to show us their rooms. The rooms were personalised and people confirmed they were encouraged to bring their own possessions if they wished to personalise their room. This helped ensure that people's rooms were arranged in accordance with the person's wishes and preferences.

People's emotional and spirtual needs were met. A recent bereavement took place at the service and people were supported to attend the funeral and were supported sensitively through their loss. The provider told us they explored people's end of life wishes when they had settled into the service and always reviewed their wishes regularly. For example, they told us how a person had actually changed their mind in relation to their end of life wishes and highlighted the benefits of reviewing such wishes. The provider told us "we have various religious leaders visit people in line with their chosen spiritual following. We would always ask this at assessment to see if people needed to be put in contact with a different church". This evidenced peoples spiritual needs were considered and acted upon.

People were supported to maintain relationships with important people in their lives. Detailed documentation was viewed in people's files that outlined this and people we spoke with confirmed their family and friends could visit anytime and were always made welcome. The provider also described how they supported people to communicate with family that did not live locally. This included using electronic

methods that included 'face time' and email.

People were supplied with useful information and their views were sought. Information was viewed on the notice board that included; safeguarding, complaints procedure and advocacy contact numbers. A suggestion board was also available for people to add any suggestions for the service that demonstrated people were given opportunities to comment on the service. People and their relatives had opportunities to attend resident meetings. These meetings promoted people's involvement and gave opportunities for people to give their views on the service. As part of the provider's quality monitoring, we found people's opinions about the service they received were usually sought through surveys on a yearly basis. Surveys were sent to people who used the service, external professionals and relatives. Action plans were developed and followed up as required.

Good

Is the service responsive?

Our findings

Person centred care was delivered to people that lived in the home. Their documentation demonstrated how they were involved in the planning of their care and set out what their preferences were for their routines and signed by the person if possible. This also included their likes and dislikes. Choice was promoted to all individuals such as what activities they wished to and how they wished to receive their care. Documentation demonstrated people were given choice about how they wished to receive their medicines. For example, if they would like to take them at the breakfast table or in their own rooms.

People undertook various activities of their choice. These included: in house games, arts and crafts, accessing the local community, nail and beauty activity, a visiting hairdresser and going for trips to a local seaside on the train. While a formal timetable was not in place the provider confirmed a member of staff would be deployed to the activity facilitation between 3pm and 4pm in the afternoon and is considering formalising the activity program but also ensures people can choose on the day what they wished to do.

Personalised care and choice was offered to all people that used the service. Personalised support plans were put in place. Each person's individual file held comprehensive information around their care and support needs to guide staff. The information included; support plans for all aspects of their daily living needs, likes and dislikes, social contacts and health and professional input information. Documentation viewed demonstrated reviews took place on a monthly basis that were undertaken by the management team together with the care staff. A senior member of staff told us "we do involve people but some people don't want to be involved. We respect their wishes and would involve relatives if appropriate". A communication book was also in place to inform staff of any changes to people's care and support needs on a daily basis. Staff were expected to sign in the book when they read and understood the changes. This ensured staff could provide consistent personalised care and support.

People were supported by staff who understood their individual needs and preferences. People's support needs were assessed before they came into the service. Assessments were undertaken by people's social workers and wider professional teams were involved as and when required. The service also undertook their own detailed pre admission assessment to ensure the person's needs could be met. This could include visits to the home if people wished.

If people travelled between services such as being admitted to hospital. Detailed information was given to inform the hospital teams of important information about the person. This included information about their medicines and also the person's likes and dislikes, to help the team meet their individual needs. The information for one person also included the type of plate they needed to help maintain their independence when eating. A member of staff told us "we liaise with people in the hospital and visit people regularly to keep in touch and check their welfare. We also stay in touch with their relatives at all times".

Each person received a document called 'a service user guide' when they entered the service. This document gave details of what to expect from the service and important information people needed to know. Information included how to make a complaint and to whom. The complaints policy identified other

organisations and agencies that concerns could be reported to if necessary. There had been no formal complaints about the home since our last inspection. One person we spoke with knew how to make a complaint and said "I would speak to [name] but I have no concerns". Records of complaints were kept and this helped the registered manager know what was going well in the service and any areas that required improvement.

Good

Is the service well-led?

Our findings

Staff we spoke with told us the service was well led and the management team was visible on a daily basis and supported them well and created an open culture in the home. Staff confirmed they felt confident to report any concerns to them. Comments included "[name] I always around for everybody", "we are a small home and [name] puts themselves out for everyone. We are all available for each other" and" [name] will always cover for staff and work on the floor. They are really approachable". The provider confirmed they and senior staff, often supported the care delivery. They told us "this is a good way of observing the care that is delivered and checking care plans are followed and training is embedded in practice".

The registered manager communicated with staff about the service. Monthly staff meetings took place. While staff meeting minutes were recorded they were not always clear to follow and lacked detailed actions and follow up discussions. The provider confirmed they will be improving the recording of meetings in a more formal way. Staff we spoke with felt the staff meetings were a good way to share ideas and ensured they were kept up to date with important information. Staff also signed the meeting minutes to demonstrate they read and understood its contents.

Senior staff were involved in the day to day running of the home, and took an active role in the support of people living there. This included a deputy manager and a care co coordinator. At time of unexpected staff absence, senior staff would support the care staff in carrying out their duties. During our inspection we observed senior staff involved in supporting people in the home as well as carrying out their management duties. This helped ensured they monitored the service effectively and understood the needs of people in the home.

Staff reported they worked well together as a team and supported each other. We observed during the day that staff communicated well with each other to ensure that people's needs were met. For example by ensuring there was someone present to ensure people's safety when they had to leave a particular area.

The provider told us they supported an open and transparent culture in the home. They said as they lived in the local vicinity and they always made themselves available for people on a daily basis. People we spoke with knew who the manager was and confirmed they were often visible in the home and spoke with them to ask how they were.

There were systems in place to monitor the quality and safety of the service provided. There was a programme of audits in place. This included regular checks of support plans, the environment of the home, and medicines. A quality improvement plan was in place that helped promote continual improvement in the standards, safety and performance of the home. The provider reviewed this regularly and undertook a full review yearly. Regular spot checks were undertaken also by senior staff and staff were informed of this process. The provider told us they would question any practice that was not of a high enough standard or not in line with the expectations of service delivery. Documentation was viewed that set out what the spot checks would involve. This openly explained to staff what they could expect.

The provider kept up to date with information relating to changes in legislation and best practice. They told us they were part of a provider action group supported by the local authority. The provider told us they held group discussions on all aspects to do with providing care to people in residential settings. The provider said "it is also a good opportunity to share good practice and ideas for improvements to services".

Accidents and incidents were monitored on a monthly basis as a means of identifying any particular trends or patterns in the types of incidents occurring. Documentation confirmed care plans would be amended if any patterns or trends were identified.

The registered manager was aware of the responsibilities associated with their role, for example, the need to notify the Commission of particular situations and events, in line with legislation. The information we held on our systems confirmed the manager submitted notifications for significant events as required.