

Care UK Community Partnerships Ltd

Laurel Dene

Inspection report

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24 February 2021

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated

Summary of findings

Overall summary

About the service

Laurel Dene is residential care home providing personal and nursing care. The home accommodates up to 99 people in one building, across three floors, each of which has separate facilities with lift access to the first floor. One of the floors specialises in providing care to people living with dementia. At the time of the inspection, there were 77 people using the service.

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

The provider had made improvements prior to our visit to mitigate risks in relation to admission of new people to the home and how they responded to behaviour that may present a challenge. The registered manager worked more closely with family members and other health and social care professionals to discuss any issues or concerns to people's health and well-being. Staff had received additional training and support.

During our inspection we identified concerns about the premises. The registered manager shared with us an action plan put in place to repair the affected areas and refurbishment of the premises.

We were assured the service met good infection prevention and control guidelines in relation to the COVID-19 pandemic. People were protected from the risk of acquiring infections. Staff followed guidance to respond to COVID-19 and other infection outbreaks effectively. Staff had access to sufficient Personal Protective Equipment and used it appropriately. Visitors underwent COVID-19 checks to minimise the risk of spreading of infection.

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

The last rating for the service was good, published on 15 January 2020.

Why we inspected

We undertook this targeted inspection to follow up on specific concerns about the service in relation to an admission of a person to the home and responding to behaviour that may be challenging.

The Care Quality Commission (CQC) have introduced targeted inspections to check specific concerns. A decision was made for us to inspect and examine those risks.

This Laurel Dene inspection report does 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 work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our safe findings below.

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Laurel Dene

Detailed findings

Background to this 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

The inspection team consisted of one inspector.

Service and service type

Laurel Dene 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.

Notice of inspection

This inspection visit took place on 24 February 2021. We gave the service one hour notice of the inspection because of the COVID-19 pandemic to ensure our activity would bring minimal disruption as possible.

What we did before the inspection

We received concerning information about the service since the last inspection. We reviewed information we held about the service, including details about incidents the provider must notify us about, such as abuse or when a person injures themselves or others. We contacted relevant agencies such as the local authority and safeguarding teams. We used all this information to plan our 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 reviewed information we had received about the service

since the last inspection. We also sought feedback from the local authority. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with three members of staff including one nurse, two health care workers and the registered manager. We also observed the way staff interacted and supported people to help us understand their experience of living at the care home.

In addition, we reviewed a range of records. This included maintenance and repair records of the premises and equipment and risk assessments.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at maintenance reports and plans for refurbishment of the service.

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 good. This meant people were kept safe and protected from avoidable harm.

We have not changed the rating of 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 those specific concerns. This included information we received about a person who had left the premises unobserved.

Assessing risk, safety monitoring and management

- Risk assessments were in place and had been updated when needed. This enabled staff to support people in a safe manner. For example, risk assessments of the premises had been updated following a specific incident.
- The admissions process had been improved to ensure risks to people's health and well being were identified and managed.
- During this inspection we found that parts of the premises needed refurbishment. The premises looked tired and dull and needed refreshing and refurbishment. There were dirty windows in one dining/lounge area. The design around the windows made it difficult to clean. Kitchen units on several floors needed repairs and we observed loose cupboard doors and drawers. Several parts of the walls along corridors and door entrances were scratched and damaged. Signs of roof leaks showed through dry stains on ceilings. We saw signs of patchwork done to the walls and minor repairs.
- The provider and registered manager were aware of these issues. The registered manager said the pace of repairs, refurbishment of premises and replacement of kitchen units had been impacted by the COVID-19 pandemic.
- After the inspection, the registered manager provided us with a programme of action to repair the issues we identified including the replacement of the kitchen units and refurbishment of the premises. The registered manager told us with the easing of the lockdown restrictions, the provider was ready to resume the works. In addition, they advised us that the windows had been cleaned.
- The provider and registered manager maintained a record of issues that required repairs. Repairs were logged in a maintenance book at the service and raised with head office if the issues could not be acted on locally. However, the maintenance book at the service was not always updated to show when repairs were undertaken. We discussed this issue with the registered manager during the inspection, who told us they would ensure the records were updated to show when repairs were done.

We will closely monitor the progress made by the provider in relation to repairs and refurbishment of the premises and will assess this at the next inspection.

Preventing and controlling infection

- We were assured the service was following safe infection prevention and control (IPC) procedures. Staff received training in IPC including those associated with COVID-19. Staff had access to adequate supplies of hand gel, personal protective equipment (PPE) such as gloves, masks and aprons. The registered manager ensured staff followed good hygienic practices to minimise the risk of people catching or spreading infection. The registered manager told us, and records confirmed they undertook spot checks, regular meetings and communicated with staff to increase compliance in the use of personal protective equipment.
- Visiting protocols were in line with national guidance. Access to the care home had been restricted for non-essential visitors during the COVID-19 pandemic. Essential visitors included the relatives of people receiving end of life care and community professionals, such as GPs. Staff and people who lived at the home participated in a regular testing programme for COVID-19.
- We observed staff using PPE in accordance with current PPE guidance. Staff had attended up to date internal and external training in relation to COVID-19, IPC and the donning and doffing (putting on and taking off) of PPE.
- People who use the service who were required to isolate were supported by a consistent staff team. Staff working with people required to isolate also took into account their social needs and need for stimulating activities, and ensured they spent quality one-to-one time with each person. People were supported to see their loved ones by video calls, in a visitor's pod that had been established with a separate entrance, so visitors did not have to move through the building.
- Extra cleaning schedules were in place which included frequent cleaning of high touch points, such as door handles, handrails and light switches.
- The registered manager told us the provider organisation, the local authority and the Clinical Commissioning Group provided good support. The registered manager ensured that staff and people who lived at the home were provided with emotional and practical support to assist them through the effects of the COVID-19 outbreak.

Learning lessons when things go wrong

- The registered manager had reviewed the specific incident to ensure learning occurred when things went wrong. An investigation was carried out and showed action taken to minimise the risk of a reoccurrence. There were improvements made in relation to admissions, risk assessments, handover of information between teams and communication with family members of people who use the service.