

Laurel Villas Limited

# Laurel Villas Limited

## Inspection report

170-172 Tulketh Road  
Ashton on Ribble  
Preston  
Lancashire  
PR2 1ER

Tel: 01772720609

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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

The inspection visit at Laurel Villas was undertaken on 24 July 2018 and was unannounced.

Laurel Villas provides personal care only for up to 24 older people. The home is situated in a suburban area of Ashton in central Preston. The home is close to shops and local amenities. The home is not purpose built and arranged over two floors with access provided to all parts of the home via a lift. The home offers short to long term care or a home for life.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Laurel Villas is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection in September 2017 we rated the service as 'Requires Improvement'. This was because breaches of legal requirements were found. These related to consent to care and treatment for people who lived at the home. Furthermore, the management team failed to properly assess the quality assurance of the service provided. We made a recommendation to improve quality assurance systems.

During this inspection, we found the provider had made improvements to ensure they met legal requirements. In addition, they had addressed the recommendations from the previous inspection. There now were systems in place to undertake quality audits in a timely manner to ensure the service continued to be monitored and improvements made where required. In addition, consent to care and support had been sought from people and their representatives where possible and evidence they had signed documentation to agree to this was found in care records we looked at.

People who lived at the home and relatives we spoke with told us they were very happy with the care provided at the home and staff were caring and supportive. They told us staff were very kind and respectful and spent quality time with them. One person said, "Lovely staff who respect you as an individual which is nice when we talk together."

During the inspection visit we observed staff being kind and attentive to people in their care. They were caring, patient and respectful. Comments we received confirmed that.

People who lived at Laurel Villas received their medicines on time and as required. Care records we looked at contained a medication care plan and risk assessment to inform staff about medication details for each individual.

There was a safeguarding procedure document on display in the reception area of the home. This gave people who lived at the home, visitors and staff information about who to report any concerns to. Staff informed us they had received training in safeguarding vulnerable people and records confirmed this.

The registered manager completed risk assessments to guide staff about the mitigation of risk to people who lived at Laurel Villas. Completed accident forms with clear documentation about any injuries and measures introduced to reduce their reoccurrence were kept. Furthermore, the registered manager would look for any patterns or trends that would be addressed to ensure people were kept safe.

The layout of the premises was appropriate for the care and support provided. We found facilities and equipment had been serviced and maintained as required to ensure Laurel Villas was a safe place for people to live.

Staff had been recruited safely, appropriately trained and supported. They had skills and experience required to support people with their care and social needs. One staff member said, "Training has been good and continues to be so."

The service had sufficient staffing levels in place to provide support people required. We saw staff showed concern for people's wellbeing and responded quickly when people required their help.

All people we spoke with were highly complementary about the quality of food and comments included, "Great food the cooks are really good and make excellent home made soups and cakes."

People had been supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care planning followed a person-centred approach and people told us they were involved in this process. We observed staff supported their human rights to good levels of family contact and supported them to meet their diverse needs.

People who lived at the home told us they enjoyed a variety of activities and regular outside entertainers which were organised for their enjoyment. One person said, "The singer yesterday was fantastic he comes often the lounge was full. Ask anyone we all enjoyed it."

There was a complaints procedure which was made available to people and their family when they commenced using the service. People we spoke with told us they were happy with the support they received from staff and the registered manager and had no complaints.

The management team used a variety of methods to assess and monitor the quality of the service. These included informal staff and resident meetings and satisfaction surveys to seek their views about the service provided. In addition, daily 'handover' meetings were held to discuss the day's events and any issues in relation to people who lived at the home.

## 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.

The registered manager had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home.

Recruitment procedures the service had in place were safe.

The registered manager had good systems in place for administration, storing, recording and monitoring people's medicines.

### Is the service effective?

Good 

We found action had been taken to improve the effectiveness of the home.

People who lived at the home were now consulted and gave their consent to care and treatment the service provided.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard and had knowledge of the process to follow.

### Is the service caring?

Good 

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

People who lived at Laurel Villas told us staff were patient, sensitive and were available to spend time with them.

### Is the service responsive?

Good ●

The service was responsive.

People participated in a range of activities which the service provided.

People's care plans had been developed to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and resolved.

### Is the service well-led?

Good ●

We found action had been taken to improve the leadership of the home.

Systems and procedures were now in place and checked thoroughly to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability.

Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits was in place to monitor the health, safety and welfare of people who lived at the home.

# Laurel Villas Limited

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

This comprehensive inspection visit took place on 24 July 2018 and was unannounced.

The inspection team consisted of one adult social care inspector.

Before our inspection on 24 July 2018 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We contacted the commissioning department at Lancashire County Council and Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection visit we spoke with a range of people about the service. They included six people who lived at the home, two relatives, four care staff a senior carer and the cook. In addition, we spoke with the registered manager and provider (Director). We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people who could not talk with us.

We looked at care records of two people who lived at the home. We also viewed a range of other documentation in relation to the management of the home. This included records relating to the management of the service, medication records, recruitment and supervision arrangements of staff. We also

checked the environment to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People who lived at the home told us they felt safe and relaxed in the care of staff and management team at Laurel Villas. Comments we received confirmed this. For example, one person who lived at the home said, "It is a lovely place and the staff make you feel safe, so to answer to your question yes I do feel safe here." Another said, "It is a good home, secure and safe that is how I feel."

Procedures were in place to minimise the potential risk of abuse or unsafe care. Records seen and staff spoken with confirmed they had received safeguarding vulnerable adults training. Staff spoken with understood their responsibility to report any concerns they may observe and keep people safe.

Care records of people who lived at the home contained an assessment of their social and health needs. These included reviews of any risks associated with receiving care to manage risk. For example, risks covered the environment, personal care needs and falls.

People who lived at the home told us they were happy there were sufficient numbers of staff available to meet their needs. We observed they were not rushing around and their comments confirmed they were satisfied with the numbers of staff on duty. One staff member said, "Yes it's fine the staffing levels we muck in together." Staff were observed in the lounges supporting people and they were not left alone for long periods.

We observed a calm and relaxed atmosphere throughout the day of our visit. We noticed call bells and requests from people who lived at the home were responded to within a timely manner. One person told us, "They are definitely on the ball you don't have to wait long."

We looked at how accidents and incidents were managed by the service. The registered manager had a record of falls, accidents and incidents. They detailed the nature of the incident, time and action taken to resolve it. There had been few accidents however, where they occurred any accident or 'near miss' was reviewed so that lessons could be learnt and to reduce the risk of similar incidents.

We looked at medication records and found people's medicines continued to be managed safely by staff at the home. We observed staff who administered medication and found this was done in a safe way at the correct time required. One person said, "I always get my medicines when I should do." Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the service had systems to protect people from unsafe storage and administration of medicines.

Staff files we looked at held required documents, such as references and criminal record checks, before they commenced employment. The registered manager had the same good recruitment systems in place as the previous inspection.

We had a walk around the premises and found it was clean, tidy and maintained. Staff told us they had received infection control training and understood their responsibilities in relation to infection control and



hygiene. We observed staff wore personal protective clothing such as disposable gloves and aprons. to undertake their duties effectively. Cleaning schedules were in place and regular infection control audits had been completed to ensure good practice was followed.

We found equipment had been serviced and maintained as required. Records were produced for us confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. We found window restrictors were in place where they were required.

# Is the service effective?

## Our findings

At our last inspection in August 2017, we found the provider did not consistently gain people's consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). We found the principles of the MCA were not consistently embedded in practice.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Consent.

During this inspection we found the provider and registered manager had addressed the issues. They implemented systems to ensure consent to care and treatment had been sought from people and their representatives where possible. For example, we looked at how the management team ensured people agreed to their care and how this was evidenced in care records. Records we looked at included decision-specific agreement to different aspects of each person's care requirements. The registered manager obtained additional consent when treatment had been updated and people signed their plan to agree to this. We observed during the inspection visit staff explained tasks to people and checked their agreement before proceeding to support them.

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 authorisation 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 registered manager identified people who benefited from a DoLS in order to safeguard them through effective mental capacity assessments. We found records and procedures followed the MCA Code of Practice, such as legal authorisation applications and best interest documentation. On the day of the inspection people were not restricted or deprived of their liberty and moved around the home at their will. In addition, staff confirmed they had received relevant training in relation to the MCA and related principles. One staff member said, "I now have a better understanding."

We looked at evidence the registered manager was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. People who lived at Laurel Villas received effective care because staff had a good understanding of their care needs. This was evidenced by talking with staff and people who received care.

People's healthcare needs were monitored and discussed with the person as part of the care planning process. A relative we spoke with said, "They are really good at reacting to [relative] health needs and call

the doctor as soon as something is wrong." Records looked at confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.

We arrived at breakfast time and found the decorators were in the process of repainting parts of the building including the dining area. People who lived at the home were having their breakfast in the lounges and their bedrooms. One person who lived at the home said, "It will be lovely when finished." We found meal times were relaxed and people enjoyed the experience. This was confirmed by people we spoke with. One person said, "It is so relaxed and no one is rushing around."

All people we spoke with were highly complementary about the quality of food and comments included, "Great food the cooks are really good at home made soups and cakes." Also, "I like to have my meals in the lounge and we are lucky to have such good cooks." We observed sufficient staff at lunchtime available to help people who required assistance and people took their time with their meal.

The cooks had information about people's dietary needs and these were being accommodated. These included people who had swallowing difficulties. Where this was identified the service involved the 'speech and language therapy' (SALT) team. One person had been supported and a plan was devised to help the person with their food. This had resulted in improvements in the person's health and was now eating without support and had gained weight.

We had a walk around the premises. It was appropriate for the care and support provided. Each room had a nurse call system to enable people to request support if needed. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities. Aids and hoists were in place to meet the assessed needs of people with mobility needs.

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required easy read or large print reading.

We found staff received training and access to courses was good. This was confirmed by staff we spoke with and evidence of training courses staff had attended. Comments included, "Training has been good and continues to be so." Also, "They have supported me to do my National Vocational Qualification (NVQ) at level 2 and 3." Training included, infection control, safeguarding adults, falls management and end of life care. In addition had staff regular supervision and appraisal sessions. The sessions were a two-way discussion between the staff member and registered manager.

Care plan records confirmed an assessment of people's needs had been completed before they moved into the home. The registered manager informed us they had a thorough assessment process in place to ensure people received the right care and support.

## Is the service caring?

### Our findings

Those who lived at Laurel Villas told us staff were kind, respectful and caring. For example comments we received included, "Lovely staff who respect you as an individual which is nice when we talk together." Also, "Cannot wish for more caring people from the manager to all the staff."

We discussed care planning with people who lived at the home and they felt involved in care and support that was provided for them. One person said, "They do listen and take notice what I need and want." Care planning followed a person-centred approach and we found evidence consent to care and treatment was sought by the staff. Evidence of signed care plans by relatives and the person at the home was recorded.

People we spoke with confirmed staff treated them with respect and upheld their dignity. For example when people required support with personal care or to visit the bathroom staff did so sensitively and ensured privacy for the person. This was confirmed by people who lived at Laurel Villas we spoke with. We also observed staff respected people's privacy by knocking on their bedroom doors and waiting for permission to enter their room. They also called people by their preferred term of address.

Staff received equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. The intention was to ensure staff demonstrated interactions that respected people's beliefs, values, culture and preferences. We found staff supported people on a one-to-one basis to meet their religious requirements by assisting them to attend their church of their choice if they wished to.

Staff had a good understanding of protecting and respecting people's human rights. They talked with us about the importance of supporting people's different and diverse needs. Care records seen had documented people's preferences and information about their backgrounds. Additionally, the service had carefully considered people's human rights and support to maintain their individuality. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion and sexual orientation.

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

People who lived at the home and relatives told us there was no restrictions on visiting times. People felt this helped them be much happier and relaxed knowing their relatives/friends were welcome to visit them at any time. For example, one person who lived at Laurel Villas said, "I love having visitors and the management and staff always welcome them."

## Is the service responsive?

### Our findings

We found in writing and from what people told us a programme of activities was provided at Laurel Villas. This included games physical exercise, outside entertainers and film days. Staff encouraged people to participate in group events as well as following hobbies of their choice. The idea was to keep people stimulated and improve their social skills and enjoy themselves. Comments we received from people who lived at the home confirmed this. One person said, "I love joining in with social events the staff do a marvellous job." Another person said, "The singer yesterday was fantastic he comes often the lounge was full. Ask anyone we all enjoyed it."

Staff told us they were encouraged to spend time socialising and were encouraged to sit and chat with people. One staff member said, "Part of the job is sitting and getting to know people. [Registered manager] encourages this." Theme days had been organised and were a regular occurrence at Laurel Villas. For example, they had a party on the day of the royal wedding. One person said, "We had a buffet and a really good time. We always do when an event is going on."

Records we looked at were detailed and staff used a person-centred approach to plan and support people. Care records contained physical, mental, social and personal health needs. One staff member said, "They are good records to follow and very informative which helps understand people." Also care documentation contained the person's history and preferences. These included people's wishes about personal care, preferred term of address and sleeping arrangements. Staff told us the more information provided help them get to know people better. For example, the management team checked and documented the person's life history by encouraging people to complete a 'my life story' document. This highlighted, relationships, employment and events from their life. Staff told us this was good information to have and created discussions and people enjoyed the conversations. One person who lived at the home said, "I like talking about my past and wrote things down so the staff know." This meant staff had a greater awareness of each person and how best to support them

The registered manager provided information in documentation to inform people about how to make a complaint if they chose to. In addition, the complaints process was available in the premises should relatives/friends require guidance. The policy included details about the various timescales and steps to take, as well as contact details for the Local Government Ombudsman and CQC. One relative said, "I would raise any complaint and know how to do so but the place and staff are so good I never need to."

Care plans of people who lived at Laurel Villas had been reviewed on a regular basis. The management team involved people and their families where possible in this process. One person told us, "I know we do have meetings and go through things together." A relative said, "They keep me up to date and involve me when we have to look how [relative] is doing and agree to any changes."

People's end of life wishes had been recorded in their support plan so staff were aware of these. The registered manager informed us staff had been trained in end of life care and staff we spoke with confirmed this. One staff member said, "We have been trained and know how to treat people who are on end of life

care." This confirmed the registered manager understood the importance of providing end of life support and how this should be delivered and people cared for.

## Is the service well-led?

### Our findings

At the last inspection in September 2017 we had recommended the provider improved their quality and monitoring systems to ensure they monitored and continued to improve the service and maintain people's safety. We found at this inspection they had addressed the issues.

The registered manager had now completed a range of quality audits to ensure a safe environment and monitor the service they provided. These for example included, falls management, medication, the building, care planning and DoLS processes. Documentation highlighted examples of where the management team took action to address identified issues. For example, a building audit carried out on 16 July 2018 identified the dining room was in need of redecoration and updating. At the time of the inspection visit decorators were in the process of updating the dining room and other areas of the home. Documentation detailed when this was to start and time limits to completion. This showed the commitment to improve and monitor the service for the benefit of people who lived at Laurel Villas.

We found Laurel Villas had clear lines of responsibility and accountability. The registered manager and staff team were experienced, knowledgeable and familiar with the needs of people they supported. This was confirmed by talking with staff, relatives and people who lived at the home.

We found evidence of the management team worked with other health and social care agencies in the ongoing improvement of people's lives. They ensured this assisted Laurel Villas to follow current practice, and provide a quality service. This meant people's safety and wellbeing was maintained. For example, they engaged with medical services such as GP surgeries, district nurses and social services.

The registered manager was visible within the home and staff commented how supportive the management team were. Staff told us the leadership was very good and they felt supported in their roles and duties. One staff member said, "[Registered manager] is very supportive not just in work but for whatever issues you may have. She is great and makes life easier for you." Another staff member said, "I have recently started and [registered manager] has been so supportive and approachable I love it."

People who lived at Laurel Villas and relatives told us they felt the home was managed well and was well led. For instance, a relative said, "This is not an institution it is a home and the manager runs the place like that. The place is run by caring people."

The management team had systems to seek the views of relatives and people who lived at the home. This included an annual satisfaction survey. These forms checked, for instance, care delivery, meals, staff attitude and management support. Responses from the last survey in January 2018 were complementary about Laurel Villas. For instance, one person wrote when questioned about the quality of food, 'Yes very nice.' The registered manager informed us any negative comments would be analysed and acted upon.

Staff and 'resident' meetings took place periodically however they were informal and discussions took place about how things could improve or any suggestions people may have. One person who lived at the home

said, "We do get together to talk about meals and entertainment and give our opinions." In addition, the management team conducted 'handover' meetings every morning. These meetings discussed any issues and the day's events. One staff member said, "They are very good and we talk about all the residents how they are, what they may need on an individual basis and any activities that are going on."

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.