

Laurel Residential Homes Limited

Scott House

Inspection report

7 Wareham Road
South Croydon
Surrey
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21 January 2016
22 January 2016

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 visited Scott House on 21 and 22 January 2016. The inspection was unannounced.

At the previous inspection in July 2014 the service was meeting the Regulations we inspected.

The service provides care and support for up to twenty one men and women living with long term mental illnesses.

The service had a registered manager. 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 did not always manage medicines appropriately. You can see what action we told the provider to take at the back of the full version of the report. People told us they felt safe. Staff had completed safeguarding training and knew how to recognise abuse and report safeguarding incidents. Handovers between shifts ensured staff were aware of recent incidents and the moods, health and welfare of people using the service. People's needs were assessed and reflected in detailed risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. The service provided a safe and comfortable environment for people, staff and visitors. The service was clean and hygienic.

Staff had the skills, knowledge and experience to deliver effective care and treatment. The manager and staff were aware of the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards and had completed relevant training. People were provided with a healthy and tasty diet that reflected their preferences and choices. People using the service were supported with their healthcare needs including an annual health check with the GP.

People were happy with the relationships they had with staff. Keyworkers provided people with a specific member of staff who worked closely with them and gave extra support. People were supported to express their views and be involved in the planning and delivery of their care and support. People's preferences were taken into account and staff treated people with dignity and respected their privacy. People were encouraged and supported to maintain and improve their independence.

Care and support plans were focussed on people's needs, goals and preferences. Support plans identified and addressed people's health and social care needs. They provided a framework for staff to deliver safe and appropriate care and support. People benefited from various activities which reduced the risk of individuals becoming bored, frustrated, isolated, or unhappy. The service had systems that enabled them to listen and learn from people's experiences, concerns and complaints including regular 'house' meetings.

People using the service spoke positively about the manager. Staff told us the manager was friendly, approachable and made them feel valued. The provider had a system of staff meetings that enabled staff at all levels to feedback concerns and ideas. The service had regular staff meetings and team leader meetings where topics relative to the care and support provided were raised and discussed. The service and the provider used a system of reviews, checks, internal and external audits to assess and monitor the quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. We found that records relating to the provision of care by the service were fit for purpose.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not always safe. The service did not always manage medicines appropriately. People felt safe. Staff understood their responsibilities to protect people from the risk of abuse or harm. There were sufficient staff to support people's needs. The service provided a safe and comfortable environment.

Requires Improvement ●

Is the service effective?

The service was effective. Staff received relevant training and management support. Staff understood the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards and had completed relevant training. People were supported to have a healthy diet and to maintain good health.

Good ●

Is the service caring?

The service was caring. People were happy with the relationships they had with staff. People were supported to express their views and preferences and were involved in their care and support. Staff respected people's preferences, privacy and dignity.

Good ●

Is the service responsive?

The service was responsive. People received care that focussed on their needs, goals and preferences. People were encouraged to take part in activities. The service had systems to listen and learn from people's experiences.

Good ●

Is the service well-led?

The service was well-led. People and staff spoke positively about the manager. Staff were given various opportunities to feedback about service provision. There were systems to assess and monitor the quality of service provided and identify health, safety and welfare risks.

Good ●

Scott 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, 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 21 and 22 January 2016 and was unannounced. The inspection was undertaken by an adult social care inspector.

Before the inspection we reviewed information we held about the service. We spoke with six people using the service and six members of staff including the manager. We carried out general observations throughout the inspection. We looked at records about people's care and support which included four care and support plans, six health check files, three staff files and other records relating to the provision of the regulated activity. These included records about policies and procedures, general risk assessments, safety certificates, complaints and service audits. We consulted two health and social care professionals for general feedback about the service.

Is the service safe?

Our findings

We found the service was not always safe. We checked medicine's records and found instances where the running total of some medicines recorded did not match actual totals. We looked at a random selection of count back sheets that should have accurately showed the running total for medicines and found some did not. The sheets had been regularly and correctly completed up to the middle of December 2015 at which point completion became inconsistent.

We also found some pro re nata (as needed) medicines did not have a count back record. Although medicines administration records (MARs) appeared to have been correctly completed we could not be confident they accurately recorded what medicines had been administered because of the discrepancies in or non-existence of count back sheets. The manager instructed a member of staff to immediately carry out a medicines audit and ensure countback sheets accurately recorded medicines from that point. The errors in records relating to prescribed medicines and pro re nata medicines were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were appropriately and securely stored. Most medicines were supplied by the pharmacist in a monitored dosage system commonly known as blister packs. We had no concerns about the administration of these medicines. MARs clearly identified the person they referred to with an up to date photograph and the person's name. Any allergies were clearly identified. At the time of the inspection there were no medicines requiring storage in a refrigerator. The service had appropriate facilities and processes to correctly store any such medicines.

People told us they felt safe at the service. One person told us, "They really look after me." A member of staff said, "People are safe here." We spoke with staff who understood their responsibilities in relation to safeguarding and told us they had completed safeguarding training. This was confirmed in training records. Staff knew how to report or escalate concerns and were aware of whistle blowing procedures. Staff were supported with clear policies and procedures put in place by the provider. Staff were confident they could raise any concerns with the management team. We examined our records and were satisfied we were notified of any concerns or incidents promptly.

We found the service provided a safe environment for people using the service, staff and visitors. The provider employed two maintenance staff that the service shared with two other locations in the area. There was a programme of maintenance and refurbishment. We were shown recent refurbishments of bathroom areas. All members of staff had completed first aid and fire safety courses. The service carried out weekly fire alarm checks and each person using the service had a personal emergency evacuation plan (PEEV). Records showed people had been questioned about their PEEV to ensure they understood what they had to do in an emergency evacuation.

We saw records and certificates of maintenance and checks of safety equipment, the building and utilities. These included gas supply, electricity, electrical appliances, Legionnaire's Disease, emergency lighting, fire alarms and fire safety equipment. We walked around the building and outside areas. We found the building

was well maintained. Some minor safety issues were identified to the manager, such as a piece of worn carpet, which were addressed before we left the building.

The service completed individual risk assessments for people using the service that reflected their needs and tied in with the goals and preferences set out in care and support plans. Risk assessments were recorded in red to make them clearly identifiable amongst other care records. They identified each area of risk, the level of risk, how it presented and provided staff with guidance on what action to take to provide appropriate and safe care and support. For example, one risk assessment addressed a person's behaviour that challenged in the form of verbal abuse and kicking and punching walls. It provided guidance to staff on how to prevent or deal with such incidences. Risk assessments were reviewed periodically or in response to specific incidents or behavioural changes. The risk assessments we saw were relevant and up to date.

There were sufficient numbers of staff with appropriate skills, experience and qualifications to meet people's needs. All care staff had completed a National Vocational Qualification (NVQ) Level 2 in Health and Social Care. The manager had completed NVQ Level 4 whilst 50% of staff had or were in the process of completing an NVQ Level 3 or equivalent. The staff on duty matched the duty rota. Staff had no concerns about staffing levels. They were supported by a housekeeper who covered cleaning and cooking duties during the week. Planned staff absences were covered through the staff rota. Short notice absences were by staff on duty or staff being called in. The service did not use agency staff. There was additional resilience with staff employed at two sister homes. One of these homes was next door to this service.

The provider ensured there were robust systems to ensure only suitable staff were employed. We examined a random selection of staff files and saw they contained an application form with a full work history; identification documents; and, two references. Every member of staff was required to pass an enhanced check with the Disclosure and Barring Service (DBS) before working at the service. The service had recently updated DBS checks for all existing members of staff.

People were cared for in a clean, hygienic environment. Staff had completed training in infection prevention and control. A cleaning schedule was followed each day with a separate cleaning schedule for the kitchen. The schedule was signed on completion and checked by the manager. Cleaning implements were colour coded and where required, cleaning materials were stored in a locked cupboard to comply with the Control of Substances Hazardous to Health Regulations. As we walked around the building there were no malodours and the bathrooms and communal areas appeared clean and tidy. We also examined the kitchen which was spotlessly clean. Personal protective equipment was readily available to staff. Staff were supported with policies and procedures and the manager was aware of the requirements of the Department of Health Codes of Practice on the prevention and control of infections and related guidance.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff told us they completed regular training relevant to their roles which was confirmed when we examined staff training records. We were also provided with details of planned training dates. One member of staff said, "We have regular training and supervisions." We looked at staff supervision records. They included topics such as a discussion of training needs; equality and diversity; confidentiality; and, DoLS. Supervisions provided staff and management with the opportunity to discuss issues specific to the relevant member of staff in order to ensure staff development and improvement. Staff also received an annual appraisal.

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 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 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. We found the service was complying with the principles of the MCA although records were not always consistent and clear. Mental capacity assessments were reviewed with people's care coordinators when their care packages were reviewed. Any changes around capacity were brought to the attention of and discussed with the care coordinators as well as people using the service and appropriate representatives. A DoLS application that had been appropriately submitted by the service and was awaiting authorisation by the appropriate supervising authority. There were no other DoLS authorisations or applications. Staff had completed relevant training.

People told us they enjoyed the food. One person said, "I like lunch most days, it's the best meal. We get to choose." People were provided with a healthy and tasty diet that encompassed people's choices. We saw food was a regular topic of discussion in house meetings for people using the service. People using the service were fond of roast dinners and that was on the menu one of the days we inspected. Meals included a variety of fresh vegetables. Staff told us people preferred standard plain, British food. The housekeeper told us they would choose a roast dinner every day if they could. We saw nutritional records in people's support plans that recorded what people had eaten. Drinks were readily available and we were told about plans to introduce facilities making food and drinks available outside set mealtimes. In the meantime, people were able to ask for snack and drinks at any time.

People using the service were supported with their healthcare needs. Each person had a health check file containing a hospital transfer record. A photocopy of the file accompanied people to hospital visits

providing a list of medicines being taken, MARs, summary of needs and details of the relevant care team. The health check file also recorded multi-disciplinary visits and appointments and any information or directions provided. We saw evidence of health checks with dentists, opticians, chiropodists and other healthcare professionals. People were supported with appointments and visits and attended a yearly health check with their GP. The file also contained reports of any accidents or incidents involving people. We saw that people were weighed every month to identify any significant weight gains or losses as possible indicators of health problems or unhealthy lifestyles.

Is the service caring?

Our findings

People were happy with the relationships they had with staff. One person told us, "They have been very good to me." Another person commented that staff had been there "forever." We observed and listened to interactions between people and staff throughout the inspection. People and staff were on first name terms with each other and people were treated as equals. People using the service were relatively independent and had been at the service for a long time as had most members of staff. This was evident in the relaxed atmosphere over the two days of the inspection.

A key worker was assigned to each person using the service. The key worker was a member of staff who provided people with a specific person they could approach with any concerns or problems. Keyworkers developed relationships with individuals in order to get to know them and be more aware of their care and support needs on a day to day basis. They also provided support with more practical aspects of daily living. A monthly report was completed involving each individual, their keyworker and the manager and signed by them. This ensured people had the opportunity to express their preferences and discuss their care and support. One of the reports we saw covered areas of care and support such as general health, diet, weight, activities, changes to goals, new risks and recommendations. The keyworkers also contributed to care plans, risk assessments and reviews.

People were supported to express their views and were actively involved in making decisions about their care and support. In general, people using the service had the mental capacity to consent to the support provided. Any significant changes to care and support plans and risk assessments were discussed with the individual and their care coordinator. We saw people's signatures in support plans indicating their consent to and involvement in care and support.

Staff respected people's privacy and dignity. For example, staff knocked on people's bedroom doors before entering. People could choose where they wanted to spend their time. They left the premises as and when they liked. People who smoked were encouraged to use a sheltered area in the rear garden. We saw that medicines were administered in private to people away from the communal areas. We noticed dignity posters, including an easy read version, in the dining room that informed people how they should be treated. People were supported to maintain their independence as far as they were able. They were encouraged to complete tasks for themselves as residents and in the local community.

The service was unusual in that people using the service had been there for a number of years and were growing older together. We discussed with the manager the need to consider advance care planning whilst people were still able to make decisions with or without support. The manager agreed to look into how to approach it and provide appropriate support to those who needed it.

Is the service responsive?

Our findings

People received care and support that was focussed on their needs, goals and preferences. We looked at a random selection of care records and support plans which were written in way that placed people at the centre of their care and support planning. They recorded a history of people's personal lives and a summary that supported staff to have a better understanding of individuals. Support plans identified and addressed people's health and social care needs covering areas such as mental health, physical health, daily living, cultural and spiritual needs, alcohol and substance abuse. Goals were clearly identified and contained guidance for staff about how to support people to achieve their goals. Support plans included appropriate and relevant risk assessments and were periodically reviewed or reviewed in response to specific incidents or changes in needs.

We found that people benefited from various activities which reduced the risk of people becoming bored, frustrated, isolated, or unhappy. Activities ranged from people carrying out day-to-day tasks, trips out to local amenities and coffee shops and enjoying music and planned activities with other people and staff. People at the service particularly enjoyed playing bingo, karaoke and having parties. Some people enjoyed drawing or colouring. Parties took place on a regular basis to celebrate birthdays and specific days such as Halloween. In the summer months people enjoyed barbecues with staff and friends. Once a month there was a 'takeaway' night paid for by the service. One person carried out voluntary work at an art gallery and on occasions displayed and sold their drawings.

The service had systems to listen and learn from people's experiences, concerns and complaints. Accidents and incidents and statutory notifications were evaluated to identify learning and improvement opportunities at both service and provider level. We looked at some accident and incident reports in people's care records. They identified what had happened and actions taken in immediate response and subsequent actions. We looked at records relating to statutory notifications involving people using the service and found the service had responded appropriately. For example, we saw one person's care and support plans and the risk assessments had been changed to take account of certain incidents. The manager provided regular information returns to the provider where any such incidents were discussed.

In addition to the opportunities afforded to people in the discussions for the monthly key worker report there were regular house meetings. These meetings provided a more informal environment for people to raise issues about their individual care and support or about the day to day running of the service. We looked at minutes of the last three meetings. These monthly meetings covered topics such as menus, key workers, in house activities and news about people in hospital. The provider sent out an annual survey to residents and their representatives. The survey did not attract a high response from people using the service. One person told us, "I see them every day, what's the point." The service handed out survey forms to visitors and stakeholders but had not received any returns.

We found there was a system for people to make complaints about the service. The service user guide, which was given to every person using the service, informed people how to make a complaint, what they could expect and what they could do if not satisfied with the outcome. The service had policies and

procedures for dealing with complaints that set out appropriate response times and actions. The service had not received any complaints in the last 12 months. People we spoke with said they would raise any concerns or complaints with staff or the manager.

Is the service well-led?

Our findings

The service had a manager who was appropriately qualified, experienced and registered with the Care Quality Commission. People using the service spoke positively about the manager. Staff told us the manager was friendly, approachable and made them feel valued. One member of staff told us, "The manager is very supportive." Another member of staff said, "The management are approachable." Another one said, "I would go to the manager with any concerns." The manager had an open door policy that encouraged people, staff and visitors to speak openly. The office was next to the exit and the door was literally open most of the time removing any physical or psychological barriers around access to the manager.

The provider had a system of staff meetings that enabled staff at all levels to feedback concerns and ideas. The service had regular staff meetings and team leader meetings where topics relative to the care and support provided were raised and discussed. We looked at the minutes of two recent meetings that covered enablement plans, the recovery star programme, personal folders training dates and training required. Managers attended provider meetings. Staff told us the regional manager and chief executive officer were regularly at the service and both were approachable.

The service and the provider used a system of reviews, checks, internal and external audits to assess and monitor the quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. Care records, support plans and risk assessments were checked and reviewed periodically or in response to specific needs or incidents. A framework of regular audits was completed by staff, the manager and senior management to identify any failings and areas where the service could improve.

We checked our records for statutory notifications and found the occurrence of these incidents were within normal parameters for comparable services. Any such incidents were reviewed by senior management on behalf of the provider to identifying learning opportunities and areas for improvement. The manager had responded promptly and openly to any of our enquiries about notifications submitted.

We found that records relating to the provision of care by the service were fit for purpose. They were readily accessible, up to date, legible and accurate. Where required records were stored securely and restricted to those people with the authority and need to see them.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe and proper management of medicines. Regulation 12(2)(g).