

Regency Healthcare Limited

The Laurels Care and Nursing Home

Inspection report

Bankside Lane
Bacup Lancashire
OL13 8GT
Tel: 01706 878389
Website: www.rhcl.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced inspection of The Laurels Care and Nursing Home on 27 and 28 August and 1 & 2 September 2015.

The Laurels Care and Nursing Home provides accommodation and nursing and personal care for up to 28 people, most of who are living with dementia. At the time of the inspection there were 23 people accommodated in the home.

The service is located close to the centre of Bacup and all local amenities. It is an older type grade 2 listed property with facilities on three floors. The majority of bedrooms do not have en-suite facilities although bathroom and toilet facilities are available on both floors. There are well maintained gardens and a car park for visitors.

The registration requirements for the provider stated the home should have a registered manager in place. There was no registered manager in post on the day of our

Summary of findings

inspection as the registered manager had left on the first day of our inspection visit. 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.

At the previous inspection on 24 & 26 March and 1 April 2015 we found the service was not meeting all the regulations in respect of keeping the premises clean and free from odours, failing to make sure records were complete and accurate and failing to ensure people were protected against the risks associated with the door locking systems. The registered provider was asked to take action to make improvements. The registered provider did not send us a formal action plan. The registered provider had told us in a letter, prior to the report being published, that action had been taken to address all the breaches in regulation apart from replacement of the door locks.

Prior to this inspection visit there had been concerns raised regarding the delivery of people's care and a number of safeguarding alerts were raised. We brought our planned inspection forward.

During this inspection visit we found five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, relating to safe recruitment practices, quality assurance systems, maintaining accurate care records, medicines management and identifying risks to people's safety.

At the last inspection we asked the registered provider to take action to remove the risks associated with unsuitable locking devices on people's bedroom doors. New locks had been ordered but were unsuitable. Prior to our inspection visit the provider had to be asked to disable the existing locks as we were made aware that people were still at risk. This action has been completed and new locks were fitted following the inspection.

At the last inspection we asked the registered provider to take action to improve individual assessments of risks to people's health and welfare. This action has been completed and risk assessments were recorded and kept under review.

We reviewed how the service managed risk. We found assessments were not available for risks such as door locks, call bells, safe fire evacuation, portable heaters, access from the corridors to the stairways and reduced access to toilets caused by the corridor ramps. You can see what action we told the provider to take at the back of the full version of the report.

At the last inspection the registered provider was asked to make improvements to the way people's care was recorded. During this inspection we looked at people's care charts and found gaps which made it difficult to determine whether they were receiving their care safely and appropriately. We were told new documentation was being introduced which would improve this. You can see what action we told the provider to take at the back of the full version of the report.

We looked at how the service managed people's medicines and found deficiencies in the way they were managed. You can see what action we told the provider to take at the back of the full version of the report.

We looked at the way new staff were recruited. We found safe and robust recruitment and selection processes had not been followed. We found suitable checks had not been completed which could place people at risk from unsuitable staff. You can see what action we told the provider to take at the back of the full version of the report.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective as matters needing attention had either not been recognised or had not been addressed. You can see what action we told the provider to take at the back of the full version of the report.

At our last inspection we found a breach of regulation because the registered provider had failed to ensure parts of the home were clean and free from odours. During this inspection we found whilst some areas of the home were clean and odour free we found others that remained malodorous. The local authority infection control lead nurse visited the home during our inspection. We were told she had no immediate concerns. We made a recommendation that the service followed advice and guidance regarding infection and prevention control practices.

Summary of findings

Prior to our inspection the local authority safeguarding team told us they had concerns about people being left unattended. During this inspection we observed there were sufficient staff to meet people's needs but we had concerns about how staff were deployed and the lack of leadership and direction they received. However, following our initial visit the registered provider had provided appropriate management cover and had appointed a manager. In addition we found staff were working more effectively as a team, were available in all areas of the home and were responding to people's needs and requests in a timely way.

During our visit we observed staff talking gently and calmly to people to try to resolve difficult situations. There were clear instructions recorded to guide staff with dealing with behaviours that challenged the service. However, not all staff had received training in this area which would help to keep themselves and others safe. We made a recommendation that the service provided staff with appropriate training to safely support people with behaviours that challenged the service.

We found most staff had received a range of appropriate induction, supervision and training to give them the necessary skills and knowledge to help them look after people properly. However there were a number of gaps in the training record and it was difficult to determine whether bank and agency staff had received appropriate induction and training.

People told us they enjoyed the meals and said they were offered meal choices and alternatives to the menu were provided. We saw people being sensitively supported and encouraged to eat their meals.

Staff had an understanding of abuse and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered. We observed people being asked to give their consent to care and treatment by staff.

At our last inspection we found some areas of the environment were in need of improvement. During this inspection we looked at all areas of the home. We found some areas were well maintained whilst other were still in

need of improvement. We also noted the environment was not well designed for people living with dementia. However, there was a development plan that included areas for improvement within appropriate timescales.

People told us they were happy with their bedrooms. Some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. We made recommendations that the service obtained guidance and advice regarding providing a suitable and interesting environment for people living with a dementia and that they complied with the dates on the improvement plan.

Records showed the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A visiting healthcare professional told us staff kept them up to date with any changes to people's health, would contact them for advice and would follow any recommendations made. Another healthcare professional told us they had no concerns about the care provided at the home.

During our visits we observed staff responding to people in a caring and considerate manner and staff taking time to sit and listen to people. Some people were able to make choices and were involved in decisions about their day. We heard staff speaking to people in a respectful way and saw people were dressed smartly and appropriately in suitable clothing of their choice.

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual customer satisfaction survey. Records had been maintained of people's concerns and records showed the service had responded in line with procedures. We were told people's concerns and complaints were monitored to help improve the service.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and there was evidence changes had been made as a result of this to areas such as the provision of activities and the display of complaints guidance.

Summary of findings

Before a person moved into the home a detailed assessment was carried out about their needs. People were able to visit the home and meet with staff and other people who used the service before making any decision to move in.

Each person had a care plan that was personal to them which included information and specific instructions about the care and support they needed and wanted. Information had been improved since our last inspection. The care plans had been updated by staff regularly and in line with any changing needs. Records showed some people living in the home, or their relatives, had been

involved in decisions about their care. However, we made a recommendation the service should seek guidance in relation to the recording of and management of Do Not Attempt Resuscitation (DNAR) orders.

There was an activities person who was responsible for the provision of daily activities. Activities provided included games, the use of memory boxes, shopping, films, gardening, church services, hand and nail care, one to one sessions, reading and arts and crafts. People told us they were able to keep in contact with families and friends. Visitors told us they were made to feel welcome.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Assessments to minimise the risks to people's health, safety and welfare had not been considered, recorded or kept under review.

Staff had received safeguarding vulnerable adults training and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. People told us they were happy with the approach taken by staff.

A safe and fair recruitment process had not been followed which could place people at risk from unsuitable staff. There were sufficient numbers of staff to meet people's needs although ineffective deployment of staff left people unattended for periods of time.

People's medicines were not safely managed in accordance with safe procedures. Staff who administered medicines had not received appropriate training and checks on their practice had not been undertaken.

Requires improvement



Is the service effective?

The service was not consistently effective.

Not all staff had received induction, training and support to help them look after people properly.

We found a number of areas were in need of attention to ensure the environment was safe, appropriate and comfortable for people to live in. However, there was a plan of redecoration and refurbishment.

People told us they enjoyed their meals. People were given the support and encouragement they needed and were offered choices of meals.

Requires improvement



Is the service caring?

The service was caring.

People told us they were happy with the approach taken by staff and we observed staff responding to people in a kind and friendly manner and being respectful of people's choices.

Staff took time to listen and respond appropriately to people. People using the service told us they were able to make decisions and choices.

People's dignity and privacy was respected and they were supported to be as independent as possible. Care staff had a good understanding of people's needs and of what was important to them.

Good



Summary of findings

Is the service responsive?

The service was responsive.

Each person had a care plan that was personal to them which included information about the care and support they needed.

People were supported to take part in a range of suitable activities, both inside and outside the home. People were able to keep in contact with families and friends.

People knew who to speak to if they were unhappy.

Good



Is the service well-led?

The service was not consistently well led.

The lack of management and leadership in the home had impacted on people's care and support. The service did not have a registered manager in day to day charge of the home. A new manager was appointed during our inspection visit. The registered provider had taken reasonable steps to recruit a manager to be registered with the commission.

The number of shortfalls that we found indicated quality assurance and auditing processes had not been effective. Checks on systems and practices had been completed but matters needing attention had not been recognised or addressed.

There were systems in place to seek people's views and opinions about the running of the home. People's views were taken into consideration and changes had been made as a result of this.

Requires improvement



The Laurels Care and Nursing Home

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.

We carried out an unannounced inspection of The Laurels Care and Nursing Home on 27 and 28 August and 1 & 2 September 2015. Two adult social care inspectors conducted the inspection. An adult social care inspection manager was present at times on the first two days of the inspection.

At the previous inspection on 24 & 26 March and 1 April 2015 we found the service was not meeting all the regulations in respect of keeping the premises clean and free from odours, failing to make sure records were complete and accurate and failing to ensure people were protected against the risks associated with the door locking systems. The registered provider was asked to take action to make improvements. The registered provider did not send us a formal action plan. The registered provider had told us in a letter, prior to the report being published, that action had been taken to address all the breaches in regulation apart from replacement of the door locks.

Prior to this inspection visit the registered manager and the local authority safeguarding team told us they had concerning information about the delivery of people's care. We spoke with local commissioning agencies, the police and the local authority safeguarding team prior to our

inspection visit. Due to the serious nature of the reported concerns we brought our planned inspection forward to determine whether people were safe and looked after. We shared our findings with other agencies.

On the first day of our inspection visit there were serious concerns about the lack of management and leadership in the home and how this impacted on people's care and support. The local commissioning groups provided urgent management cover and arranged regular monitoring and support visits by the district nursing team and specialist nurses over the bank holiday weekend to ensure people were not at risk. Admissions to the home were suspended until investigations were completed.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with five people living in the home and with four visitors. Some people were unable to tell us their experiences of the service they received. We spent time in all areas of the home and observed care and support being delivered by staff.

We spoke with two care staff, the domestic, the deputy manager, the manager, a registered manager from another home in the group and with the registered provider. We also spoke with the medicines management team, the local authority infection control lead nurse, occupational therapist (OT), the public protection unit (police), assessors for the local commissioning groups and the local authority managers.

We looked at a sample of records including five people's care plans and other associated documentation, five staff recruitment and induction records, training and supervision records, maintenance and servicing records, minutes from meetings, complaints and compliments

Detailed findings

records, people's medication records, policies and procedures and audits. Following the inspection we asked the registered provider to provide further information

about risk assessments and the action taken to ensure water temperatures were suitable. We also asked them to send us a copy of the environmental development plan. The registered provider complied with our requests.

Is the service safe?

Our findings

People living in the home told us they did not have any concerns about the way they were cared for. People living in the home said, “It’s grand here. We get well looked after. I’ve been out today but I’m glad I’m back”, “I’m happy with my care. The staff come straight away when I need them. I’ve no issues. I’m resting at the moment” and “If I need any help they will give it to me. I like to do things for myself and I have everything I need. I’ve no problems here. Everyone is very good and helpful.” During the inspection we did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and seemed happy when staff approached them. In all areas of the home we observed staff interaction with people was caring and patient.

At our last inspection we found the provider had failed to protect people against the risks associated with unsuitable bedroom locks, as staff had not been provided with master keys. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Prior to our visit the local authority safeguarding team told us people remained at risk as unsuitable bedroom door locks remained in place and staff still did not have access to master keys. The local authority safeguarding team told us they found one person had been locked in their room. Staff had been unable to gain entry as they did not have a key to the room and we were told the door had to be forced open to ensure the safety of the person in the bedroom. We were told another person had needed to sleep in the lounge as a key could not be found for their bedroom door.

Prior to our visit we spoke with the registered provider. We were told replacement door locks had been ordered but were unsuitable and had to be returned. We asked the registered provider to immediately remove the existing locks to ensure there were no further incidents of people being placed at risk. This action was completed. Following the inspection new bedroom locks were fitted.

During this inspection we reviewed how the service managed risk. We found assessments were not available for the risks associated with the bedroom door locks, non-provision of call bells, safe evacuation in the event of a fire, fire risk items stored in the laundry area and in the main entrance stairwell, the use of portable heaters, use of

bed rails, access from the corridors to the stairways and the basement stairs and the risk of falls and reduced access to toilets caused by the corridor ramps. Following the inspection visit the registered provider told us a secure keypad lock was fitted to the basement access gate and a further seven secure keypad locks would be fitted to the corridor to stairwell doors. We were also told an external company had been commissioned to undertake a full health and safety audit of the premises.

We noted a Business Continuity Plan had been developed. This set out emergency plans for the continuity of the service in the event of adverse events such as loss of power or severe weather. However we noted the fire risk assessment was not up to date.

The provider had failed to assess the risks to people’s health, safety and welfare. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider had failed to make sure people’s care records were complete, accurate and updated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made to the way individual risks were recorded. We found individual risks had been identified in people’s care plans and kept under review. Risk assessments were in place in relation to pressure ulcers, nutrition, falls and moving and handling. However, prior to the inspection we were told by the local authority safeguarding team that records of the care and support people received were incomplete. We looked at people’s care records and saw evidence recorded people had received care throughout the day and night. However charts used to monitor this had gaps which made it difficult to determine whether they were receiving their care safely, consistently and appropriately. We discussed this with the registered provider, the manager and a manager from another home. Following the safeguarding alerts the local authority managers gave staff advice regarding completion of care records and a manager from another service within the company provided staff with an improved version of the recording chart and gave staff on duty instructions on how to complete these. We were told the staff had responded to the advice and the new documentation that was being introduced would improve this.

Is the service safe?

The provider had failed to make sure people's care records were complete, accurate and updated. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at how the service managed people's medicines. Prior to the inspection the local authority safeguarding team told us one person was found with medication in the pocket of their clothing and another two people were not being given their medicines in line with prescribed directions.

During this inspection we found deficiencies in the way people's medicines were managed. We looked at the records and processes for the ordering, receipt, administration, disposal and storage of medicines. We looked at five people's medication administration records (MARs) in detail and a selection of others. We found there were no records to support nursing staff who administered medicines had received appropriate training. Regular checks on their practice had not been undertaken to ensure they were competent.

We found the policies and procedures were not reflective of current practice or with up to date guidance. This meant staff did not have clear guidance to refer to. We noted the prescriptions were not seen and checked by the home prior to dispensing and records of ordered medicines were not maintained. This was not in line with safe procedures and could result in errors and the risk of misuse. There were systems in place to dispose of people's medicines although records supporting safe disposal of people's medicines had not consistently been witnessed. This could result in mishandling.

The local authority safeguarding team told us PRN medicines were not being given in line with the directions. We found where medicines were prescribed 'when required' or 'PRN', guidance was not always clearly recorded to make sure these medicines were offered consistently by staff. However we did note people's records showed the mental health team, GP and nurse practitioner were involved in discussions about changes to their medicines.

We noted external medicines such as creams and ointments were being applied by care staff but signed as given by nursing staff; this could result in people not

receiving the correct treatment. Care records did not show people had consented to their medication being managed by the service on admission or whether they were able, or wished to, self-medicate.

The provider had failed to protect people against the risks associated with unsafe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found the home currently operated a monitored dosage system (MDS) of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Medication was stored securely in a designated room with appropriate storage for refrigerated items. However, we noted the fridge was not locked.

Arrangements were in place for the management and storage of controlled drugs which are medicines which may be at risk of misuse. We checked one person's controlled drugs and found they corresponded accurately with the register. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to them. There were clear instructions on the MARs, medicines were clearly labelled and codes had been used for non-administration of regular medicines.

There were records to support 'carried forward' amounts from the previous month which would help to monitor whether medicines were being given properly and boxed medicines were dated on opening to help make sure they were appropriate to use. Some people's medicines had been reviewed by their GP, the nurse practitioner or the mental health team which would help ensure people were receiving the appropriate medicines. We saw checks on the medication system had been undertaken, although action had not been taken to respond to any shortfalls noted.

The medicines management team had conducted recent monitoring and support visits. Following a number of alerts being made they visited The Laurels Care and Nursing Home. They told us improvements had been noted and the staff had followed any recommendations made. They told us they had no serious concerns but would continue to monitor and provide support to the service.

Is the service safe?

We looked at the recruitment records of five members of staff. We found it was difficult to determine the start date as the records were incomplete. A number of checks had been completed before staff began working for the service although the records were inconsistent. The checks included the receipt of the applicant's employment history, however we found one person's background had not been fully explored or documented. All files included an identification check and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

We were told regular checks were undertaken on the registration status of nursing staff although there were no clear records held on the recruitment records. We found two of the staff files had only one written reference, one did not include a reference from a previous care employer and another did not include any references. A record of the interview was not maintained on three of the staff files and a recent photograph as a means of identification had not been obtained for any of the five staff.

We noted agency nursing and care staff were being used to cover shifts. However, we could not find records to support the service had satisfied themselves that agency nursing and care staff were suitable and qualified to work in the home. This was not in line with the home's safe and fair recruitment policy and procedures and could place people at risk from unsuitable staff.

The provider had failed to operate safe and robust recruitment and selection processes. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection we found the provider had failed to ensure parts of the home were clean and free from odours. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we looked at the arrangements for keeping the service clean and hygienic. We looked at all areas and found whilst some areas of the home were clean and odour free we found others that remained malodorous.

We found a number of bedrooms were malodorous, the corridor carpets were stained and a number of bins did not have lids in place. We found rough woodwork and plaster

in areas of the home and damaged flooring in a bathroom. All of these presented a risk of infection. One person needed to be fed via a special tube (enteral feed); it was not clear when the syringes used for this were last changed to ensure they were clean; we spoke with the nurse in charge about this. Following the inspection we were provided with a copy of the development plan which included replacement of flooring and repairs to woodwork and plaster. There were also timescales for completion which would be monitored at the next inspection.

A three monthly audit had been completed in March 2015 and forwarded to local commissioners. The audit had identified shortfalls although no action had been recorded.

Infection control policies and procedures were viewed at the last inspection. Records showed most staff had received infection control training. We were told a designated infection control lead had been appointed. This person would receive additional training and would conduct checks on staff infection control practice and keep staff up to date. There were sufficient domestic and laundry staff available. Basic cleaning schedules were in place.

We noted staff hand washing facilities, such as liquid soap and paper towels were available in the majority of bedrooms and waste bins had been provided. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. Appropriate protective clothing, such as gloves and aprons, were available. There were contractual arrangements for the safe disposal of waste.

The local authority infection control lead nurse visited the home during our inspection. We were told she had no immediate concerns but had discussed areas for improvement with the manager and told us she would provide a more effective audit tool.

Prior to our inspection the local authority safeguarding team told us they had concerns about people being left unattended. This included people who needed one to one support from staff. At our last inspection visit we observed there were sufficient staff to meet people's needs although we had concerns about how staff were deployed as at times people were left unattended.

During our inspection visits we looked at the staffing rota. We found there were sufficient numbers of nursing, care and ancillary staff to meet people's needs. However, we

Is the service safe?

noted the full names of staff were not listed which made it difficult to determine who was on duty. We also noted 'tippex' had been used to make corrections; the manager was advised that this was a legal document. We found there was one nurse and five carers on duty with an additional two carers who were providing one to one support. However, we noted staff taking their breaks together which resulted in reduced staffing and supervision in the home. Staff spoken with considered there were sufficient staff and told us any shortfalls, due to sickness or leave, were covered by existing staff, bank staff or agency staff. A staffing tool was in place to help determine whether staffing levels were appropriate to meet people's changing needs.

Agency and bank nursing and care staff were used to cover a high number of shifts; the bank staff knew the service and were able to provide some consistency of care. We found bank and agency staff were not clearly recorded on the staff rota. This meant it was difficult to determine who the permanent staff were.

Prior to and during our visit there were serious concerns about the lack of direction and leadership given to care staff which had resulted in people not receiving the care they needed. The local authority safeguarding team had also received concerns about night staff sleeping on duty.

The registered provider was asked to take immediate action to ensure staff were supervised at all times and to ensure people were safe and looked after. The registered provider and the manager from another home agreed to provide management cover overnight but were unable to offer assurances this cover would be maintained over the bank holiday weekend. In view of this, two experienced local authority managers were brought into the home to provide management support and supervision of staff and the district nursing team and a mental health nurse conducted regular monitoring visits to ensure that people were safe.

Following the weekend the registered provider had developed a rota to ensure management cover was available at all times and had appointed a manager. In addition we found staff were working more effectively as a team, were available in all areas of the home and were responding to people's needs and requests in a timely way. The local authority managers confirmed this.

We looked at how the service safeguarded people from abuse and the risk of abuse. Safeguarding procedures and whistle blowing (reporting poor practice) procedures are designed to direct staff on the action they should take in the event of any allegation or suspicion of abuse. Staff spoken with understood their role in safeguarding vulnerable adults and said they would not hesitate to report any concerns. Training records showed most staff had received training in safeguarding adults at risk of harm within the last two years. We noted the manager was a designated trainer in this area. The manager told us further sessions were planned which would ensure all staff received up to date training.

We noted there was information displayed on the wall in the office about safeguarding procedures which included the contact number for the local authority safeguarding team. Staff told us they discussed safeguarding issues at staff meetings. The previous manager had raised safeguarding alerts with the local authority and had notified the commission in accordance with the current regulations. At the time of writing this report a number of safeguarding investigations were ongoing following concerns raised by the local authority.

We found there were clear instructions recorded to guide staff with dealing with behaviours that challenged the service. However, not all staff had received training in this area which would help to keep themselves and others safe. We discussed this with the manager. Staff told us they were able to respond appropriately to behaviours that challenged the service and would refer to the person's GP or the mental health team for advice. Records showed the service had good links with the mental health team and had made appropriate and timely referrals when they needed support and advice. Staff told us they were aware of the reasons why people's behaviours and moods would change and described how they would try to diffuse any difficult situations. During our visit we observed staff talking gently and calmly to people to try to resolve difficult situations.

We saw equipment was safe and had been serviced. We saw evidence training had also been given to staff to deal with emergencies such as fire evacuation and safe moving and handling. We observed staff using the equipment correctly. The safeguarding team and occupational

Is the service safe?

therapist (OT) had some concerns about incorrect hoist slings being used; advice was given to staff at the time of their visit. We noted one hoist was out of use and a part had been ordered.

Prior to our inspection visit the local authority safeguarding team told us they had seen people using wheelchairs without footplates. We looked at one person's records and found appropriate information to support the reasons for this. We did not observe any inappropriate or unsafe use of wheelchairs during our inspection visit.

There was key pad entry to the home and visitors were asked to sign in and out which would help keep people secure and safe.

We recommend the service sources appropriate training for to help them to safely support people with behaviours that challenge the service.

We recommend the service seeks advice and guidance regarding infection and prevention control practices.

Is the service effective?

Our findings

People spoken with made positive comments about the staff team. They said, “The staff are very nice” and “We can have a laugh and I think the staff are all very good to me and everyone else as well. Nothing is too much trouble.” Relatives spoken with were complimentary about the staff and confirmed they were competent at their role. They said, “The staff seem to be very good” and “the staff look after him very well. I’m here at least four hours every day and I can’t fault any of the staff. The care he gets is second to none. In fact the staff are marvellous with everyone. They allow him to be happy with himself and that has to be good. It’s not regimented.” And “They are very gentle with people. I’ve no worries about the care people get here.” During our inspection we observed staff interacted positively with people and took time to listen to them.

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at individual training records and the training matrix, we found most staff had received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, moving and handling, dementia awareness, fire safety, infection control, first aid, food safety, health and safety and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Additional training was also provided and included mental health awareness, diet and nutrition, palliative care and safe handling and intervention. However some of this training needed to be updated and there were a number of gaps in the overall training record. We also noted that regular bank nursing staff were not listed on the training matrix. This meant it was difficult to determine whether they had received appropriate training to ensure their skills and knowledge was up to date. The manager was already aware of this and had requested evidence of their training and development. The manager gave assurances this would be actioned. More than half of care staff had achieved a recognised qualification in care.

All staff completed induction training when they commenced work in the home. This included an introduction to the routines and practices of the home and a review of policies and procedures. Staff who were new to the home shadowed more experienced to enable them to

learn and develop their role. We spoke with a member of staff who told us how useful their induction had been. However, we noted agency staff who worked in the home had not received a basic safety induction and introduction to the home. This could place people at risk if the nurse in charge was not aware of the emergency procedures.

Records showed the previous manager had recently re-commenced one to one supervision sessions. We saw detailed records of staff supervision during the inspection and noted a wide range of topics had been discussed. The current manager assured us this would be continued. This would help to identify shortfalls in staff practice and the need for any additional training and support.

At our last inspection visit we found important key information about people’s changing needs was not effectively shared with staff. During this inspection we found staff were provided with a well written useful short profile of people and their needs. This meant agency staff or new staff members could refer to this to help them make sure people’s presenting needs were not overlooked. Staff told us handover meetings and a communication diary helped keep them up to date about people’s changing needs and the support they needed. Staff spoken with had a good understanding of people’s needs. Staff had access to a range of policies and procedures to support them with safe practice.

We looked at how people were protected from poor nutrition and supported with eating and drinking. People told us they enjoyed the meals. They told us, “I enjoy my meals. You can have a supper if you like” and “I like to have a late breakfast and a yogurt in the afternoon; the staff know what I like” and “The food is good. I daresay I can have what I want but they are good cooks here.” A relative told us, “He gets a lovely breakfast that sets him up for the day. Today he’s had a full breakfast, porridge and egg and bacon. He enjoys his dinner and I’ve known him have two puddings. He has a sweet tooth. He can have what he wants. No-one goes hungry here. You can tell they don’t scrimp on the food bill” and “The food is very nice.”

The menus and records of meals served indicated people were offered meal choices and also alternatives to the menu had been provided on request. The weekly menus were displayed in the dining room. A protected mealtime was in place. This meant visitors were asked not to visit unless they were supporting their relative during mealtimes. This was to reduce the level of activity and

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interruptions at meal times. One relative told us, “I’m here at meal times. I like to know what the food is like. From what I’ve seen and I’m here often, it’s very good. If it was served to me I wouldn’t refuse it.”

During our visit we observed breakfast and lunch being served. People were able to dine in other areas of the home if they preferred and equipment was provided to maintain dignity and independence. The meals looked appetising and hot and the portions were ample. The atmosphere was relaxed with friendly chatter throughout the meal. We saw people being sensitively supported and encouraged to eat their meals. However we also noted people were left unsupervised at times. We discussed this with the manager who told us they were aware of people’s need for support during meals. There was enough staff on duty to make sure people were supervised at all times and gave us an assurance this would be dealt with.

Care records included information about people’s dietary preferences and any risks associated with their nutritional needs. This information had been shared with kitchen staff. People’s weight was checked at regular intervals and records showed appropriate professional advice and support had been sought when needed. We observed people being offered drinks and snacks throughout the day.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered provider. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The service had policies in place to underpin an appropriate response to the MCA 2005 and DoLS.

Staff we spoke with expressed an understanding of the processes relating to MCA and DoLS and some but not all had received training in this subject. At the time of the inspection applications had been made for most people living in the home, which would help to ensure they were safe and their best interests were considered. The manager told us they had been advised the local authority were still processing these.

During our visit we observed people being asked to give their consent to care and treatment by staff. Staff spoken with were aware of people’s capacity to make choices and decisions about their lives and people’s routines, preferences and likes and dislikes were recorded in the care plans. However we noted people’s consent or wishes had not been obtained in areas such as information sharing, gender preferences and medicine management. The manager gave assurances this would be reviewed. This would help make sure people received the help and support they needed and wanted.

We were told Do Not Attempt Resuscitation (DNAR) orders were in place for six people. We looked at these and we discussed the protocol that had been followed with the manager. The decisions had been made by medical professionals and had indicated this had been discussed with either care staff or relatives. There was no supporting records made of these discussions and it was unclear if relatives were aware of the decision. We could not determine that best interest meetings had taken place or best practice was followed in keeping these under review as people’s circumstances changed.

At our last inspection we found some areas of the environment were in need of improvement. During this inspection we looked at all areas of the home. We noted the environment was not well designed for people living with dementia. For example, bathrooms, toilets, bedrooms and communal areas were not easily recognisable for people, there were areas where it was not safe for people to walk alone, carpets were patterned and inappropriate and there were no areas of interest or stimulation for people living with a dementia.

We found some areas were well maintained whilst other were still in need of improvement. For example we found a first floor window wedged open with a block of wood, broken window panes, stained corridor carpets, light fittings without lamp shades, the passenger lift ceiling panels were warped and dirty, damaged woodwork and plaster, carpets secured with gaffer tape and unsecured bathroom flooring. We were also told that the water temperatures fluctuated throughout the home. We checked the temperature of the water in the main bathroom and found that it eventually ran hot. We discussed this with the registered provider who told us they were waiting for a boiler part to be fitted. We asked the provider to inform us when this work was completed. We

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noted the carpet in the entrance had been replaced with more suitable flooring and a number of rooms had been refurbished since our last inspection visit in March 2015. The registered provider told us lounge, dining room and corridor carpets would be replaced by end of September 2015 and bedroom carpets would be replaced when needed.

We discussed our concerns regarding lack of progress with improvements to the environment. We were unable to determine how the home would be improved without a formal development plan. Following the inspection the registered provider sent us a development plan that included areas for improvement such as replacement of flooring, repairs to plaster and woodwork, redecoration and refurbishment of rooms. Appropriate timescales had been recorded. We will monitor progress with this at the next inspection.

People told us they were happy with their bedrooms. Some had created a homely environment with personal effects such as furniture, photographs, pictures and ornaments. Most bedrooms were single occupancy with bathrooms and toilets located within easy access or commodes provided where necessary. There were also ensuite bedrooms and shared rooms available. Aids and adaptations had been provided to help maintain people's safety, independence and comfort.

There were well maintained gardens for people to use in the warmer months although they were not secure and the driveway was in poor condition with an uneven surface which would make it difficult for people to walk on. There

was a maintenance person and a gardener. A system of reporting required repairs and an environmental audit were in place although it was not clear from the records and from our findings how effective this was.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses, the mental health team, speech and language therapist, nurse practitioner and the chiropodist. Records showed the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. A visiting healthcare professional told us staff kept them up to date with any changes to people's health, would contact them for advice and would follow any recommendations made. Another visiting healthcare professional told us they had no concerns about the care provided at the home.

We recommend the service seeks best practice guidance and advice regarding providing a suitable and interesting environment for people living with a dementia.

We recommend that the service complies with the dates on the improvement plan to ensure people live in a comfortable, safe and suitable environment.

We recommend that the service seeks best practice advice and guidance regarding the recording of and management of Do Not Attempt Resuscitation (DNAR) orders.

Is the service caring?

Our findings

People who we spoke with told us they were happy with the home and with the approach taken by staff. People said, “Everyone is very nice to me”, “The staff are very good; they make sure I have everything I need and that I am comfortable” and “The staff are very good.” Visitors said, “My relative is always nicely dressed”, “The staff take time to chat with me; they tell me what has been happening” and “They keep him clean and dressed lovely. You can tell he is well cared for. They help me come to terms with how he is. They understand how I feel and I can always talk to them. They really know him and I’m thankful for their care and understanding. Words can’t express how good the staff are.”

During our visits we observed staff responding to people in a caring and considerate manner and there were good relationships between people living in the home and staff. We observed good interaction between staff and people living in the home and staff taking time to sit and listen to people.

From our discussions, observations and from looking at records we found some people were able to make choices and were involved in decisions about their day. Examples included decisions and choices about how they spent their day, the meals they ate, activities and clothing choices. From our observations, from looking at people’s records and from our discussions with people, we found staff had a good understanding of people’s needs and of what was important to them. This helped staff to support people who were unable to make decisions for themselves.

The service had policies in place in relation to privacy, dignity, independence, choice and rights and training had been provided for staff. Staff were seen to knock on

people’s doors before entering and doors were closed when personal care was being delivered. We heard staff speaking to people in a respectful way and saw people were dressed smartly and appropriately in suitable clothing of their choice. At times we saw people walking around in their socks or dressing gowns; staff were able to explain the reasons for this which were also recorded in their care plan. Throughout our inspection we did not observe anyone in discomfort or distress and people who were being nursed in bed looked comfortable and cared for. We observed people were supported to be as independent as possible, in accordance with their needs, abilities and preferences. A visitor told us, “My relative likes to do things for himself, some days he won’t accept any help from anyone. The staff are very good at managing this.” Another visitor said, “I like the fact that my relative can walk around in his night clothes and unshaven until he is ready to let staff help him. It causes him less distress. It’s lovely they don’t get flustered when he’s like that. Appearances aren’t everything and as long as he is happy, does it really matter?”

Some staff had received training in end of life care. People had been given the opportunity to record their end of life wishes in their care plan; this would help to ensure their choices would be respected by others. Not everyone had taken the opportunity to do this. We discussed the benefit of encouraging people to complete these, particularly for people with a DNAR in place with the manager.

Useful information was displayed on various notice boards which helped keep them up to date. Information about advocacy services was displayed. The advocacy service could be used when people wanted support and advice from someone other than staff, friends or family members. People could access a guide to The Laurels Care and Nursing Home which contained information about the services available to them during their stay.

Is the service responsive?

Our findings

People who used the service and their relatives were encouraged to discuss any concerns during meetings and day to day discussions with staff and management and also as part of the annual customer satisfaction survey. People told us, “I have no complaints”, “I’d tell my son. He’d sort it. I have nothing to worry about.” A relative said, “I have raised concerns but am not sure if I was listened to. There is a new manager so we will wait and see.” Another relative told us, “I wouldn’t hesitate to raise any concerns with the manager or staff. I’m sure it would be dealt with.”

There was a complaints procedure in the hallway advising people how to make a complaint and how and when they would be responded to. The information did not include the contact information of the local commissioners. The registered manager assured us this would be reviewed. Records had been maintained of people’s concerns and records showed the service had responded in line with procedures. We were told people’s concerns and complaints were monitored to help improve the service. The complaints procedure was discussed with people during ‘resident meetings’. This was to remind people how they could raise their concerns and to reassure them their concerns would be listened to, taken seriously and that relevant action would be taken.

We looked at pre admission assessments and noted before a person moved into the home a member of staff had carried out a detailed assessment of their needs. Information was gathered from a variety of sources such as social workers, health professionals, family and the person themselves. The assessment covered all aspects of the person’s needs, including nutrition, likes and dislikes, physical and mental health, mobility, daily routines, social and leisure interests and relationships. People’s capacity to make their own decisions was also included.

People were able to visit the home and meet with staff and other people who used the service before making any decision to move in. This allowed people to experience life in the home and to make a choice about whether they wished to live there.

Each person had a care plan that was personal to them which included information and specific instructions about the care and support they needed and wanted. Information

had been improved since our last inspection visit and included likes, dislikes and preferences, routines, how people communicated, risks to their well-being and their ability to make safe decisions about their care and support.

The care plans had been updated by staff regularly and in line with any changing needs. Records showed some people living in the home, or their relatives, had been involved in their care planning. Visitors told us they were kept up to date with any changes and decisions about care and support. They said, “They will call me if there is anything urgent” and “Staff talk to me about what is going on and about any changes I need to know about.”

Daily records were written to record the care and support people had received. At our last inspection we noted the information recorded was brief. During this inspection we found this had significantly improved. It was clear from records we looked at information recorded was clear and detailed and outlined people’s continuing care and support needs. Where people’s needs had changed we saw that referrals had been made to the relevant health professionals for advice and support.

Prior to the inspection we were told there were limited activities for people to participate in. During our inspection visit we found the service had an activities person who was responsible for the provision of daily activities. Activities provided included games, the use of memory boxes, shopping, films, gardening, church services, hand and nail care, one to one sessions, reading and arts and crafts. People were able to feed the ducks and chickens which were situated in a quiet corner of the gardens. During our visits we observed the activities person reading a book to people in the lounge. People sat quietly and listened to the story and there was some discussion about the book following the session. A ‘Forget Me Not’ club was held every month and external entertainers visited regularly. There was good interaction with laughter and chatter from staff and the people in the lounges. During their time spent at the home the local authority managers reported an increase of activities and meaningful interaction between staff and people living in the home.

People told us they were able to keep in contact with families and friends. Visiting arrangements were flexible apart from restricted visiting during meal times. A visitor said, “Staff make me feel welcome; I’m always offered a cup of tea.” We observed staff welcoming visitors to the home.

Is the service well-led?

Our findings

A visitor told us, “I have had no confidence in the management of the home. There is a new manager and things are changing so we will wait and see.”

At the previous inspection on 24 & 26 March and 1 April 2015 we found the service was not meeting all the regulations. The registered provider was asked to take action to make improvements. The registered provider did not send us a formal action plan. The registered provider had told us in a letter, prior to the report being published, that action had been taken to address all the breaches in regulation apart from replacement of the door locks.

Prior to our inspection visit we were made aware that the registered manager had resigned from her post and was working her notice. The registered manager decided to leave following the first day of our inspection visit to the home and before the agreed employment end date. This situation left the service provider in a difficult position as there was then no management cover in place for the home.

During the first two days of our inspection visit there were serious concerns from Care Quality Commission (CQC) and local commissioners about the lack of management and leadership in the home and how this had impacted on people's care and support. In light of the number of concerns raised by the local authority safeguarding team, which had not yet been investigated fully, we were concerned that people living in the home could be placed at increased risk without a registered manager in the home to oversee their care and support. The registered provider was unable to give assurances that effective management cover would be provided over the bank holiday weekend.

Following an urgent meeting, the local commissioning groups provided additional management cover to maintain the service at the home. They arranged regular monitoring and support visits by the district nursing team and specialist nurses over the bank holiday weekend to ensure people were not at risk. The commissioners suspended admissions to the home until further information was available and initial investigations were completed.

After the bank holiday weekend the registered provider assured us that he had secured his own management team to provide ongoing leadership and support for staff and to oversee standards of care. The team consisted of two

experienced registered managers from other homes in the organisation who would provide support visits during the week and the training manager had accepted the role of manager. We were told an application would be forwarded to register her with the commission. A senior representative from the company would be available in the home each day.

The registered provider is expected to work with CQC, the safeguarding team and commissioners of services to ensure improvements were made. An improvement plan has been requested and further meetings are planned to monitor progress with this.

The number of shortfalls that we found during this inspection indicated quality assurance and auditing processes had not been effective. Checks on systems and practices had been completed by the previous registered manager as part of the contractual arrangements with commissioning agencies, but matters needing attention had either not been recognised or had not been addressed. We found matters needing attention in relation to the environment, recruitment, medicines management, record keeping and infection control. This meant the registered provider had not identified risks and introduced strategies, to minimise risks to make sure the service runs smoothly. We would expect such matters to be identified and addressed without our intervention.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to have suitable arrangements in place for assessing and monitoring the quality of the service and then acting on their findings.

There were systems in place to seek people's views and opinions about the running of the home. People had been asked to complete annual customer satisfaction surveys in February 2015 to help monitor their satisfaction with the service provided. The results were positive. People's views were taken into consideration and there was evidence changes had been made as a result of this. Examples included changes to the display of complaints information and provision of activities.

Meetings had been held for people living in the home and their families although they had not been well attended.

The new manager was unable to find records of staff meetings although staff told us they had been held on a regular basis with minutes provided. Staff told us they had

Is the service well-led?

been able to raise their views at meetings and in day to day discussions with the previous manager and the owners. They told us they were listened to. We saw evidence that swift and appropriate action had been taken where the registered provider found staff were not meeting expected standards.

Information we hold about the service indicated we had been notified of any notifiable incidents in the home in line

with the current regulations. Accidents and incidents which occurred in the home were recorded, analysed to identify any patterns or areas requiring improvement and shared with the appropriate commissioners.

The registered provider had achieved the Investors In People award in 2013. This is an external accreditation scheme that focuses on the provider's commitment to good business and excellence in people management. A review date had not yet been set.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The provider had failed to assess the risks to people's health, safety and welfare. Regulation 12(1)(a)(b)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
The provider had failed to manage people's medicines in line with safe procedures. Regulation 12 (2)(g)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed
The provider had failed to follow safe and fair recruitment procedures. Regulation 19 (2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance
The provider had failed to operate effective quality assurance and auditing systems. Regulation 17 (1)(2)(a)

Regulated activity

Accommodation for persons who require nursing or personal care
Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Action we have told the provider to take

The provider had failed to make sure people's care records were complete, accurate and updated.
Regulation 17(2)(c)