

North London Care Services Limited

Laurel House

Inspection report

25 Heene Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 5 May 2015 and was unannounced. At our last inspection in October 2013 the service met all the standards we looked at.

Laurel House is a care service that provides accommodation and care to a maximum of five people who have learning disabilities. On the day of the inspection there were five people residing at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they felt safe at the home and safe with the staff who supported them. They told us that staff were kind and respectful. They said they were satisfied with the numbers of staff and that they didn't have to wait too long for assistance.

The registered manager and staff at the home had identified and highlighted potential risks to people's safety and had thought about and recorded how these risks could be reduced.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Summary of findings

Staff had undertaken the training they needed to support people effectively and the registered manager made sure safe recruitment procedures were being followed.

Staff knew how to care for and support people safely and appropriately and people were involved in planning their care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would presume a person could make their own decisions about their care and treatment in the first instance. Staff told us it was not right to make choices for people when they could make choices for themselves.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians and any changes to people's needs were responded to appropriately and quickly.

People told us staff listened to them and respected their choices and decisions.

People using the service, their relatives and staff were positive about the registered manager and her management of the home. They confirmed that they were asked about the quality of the service and had made comments about this. People felt the registered manager took their views into account in order to improve service delivery.

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 safe. People told us they felt safe at the home and we observed positive and kind interactions from staff.

Risks to people's safety and been discussed with them where possible and action had been taken to minimise any identified risks.

There were systems in place to ensure medicines were handled and stored securely and administered to people safely and appropriately.

Good



Is the service effective?

The service was effective. People were positive about the staff and staff had the knowledge and skills necessary to support people properly.

Staff understood the principles of the MCA and told us they would always presume a person could make their own decisions about their care and treatment.

People told us they enjoyed the food and staff knew about any special diets people required either as a result of a clinical need or a personal preference.

People had good access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Good



Is the service caring?

The service was caring. We observed staff treating people with respect and as individuals with different needs. Staff understood that people's diversity was important and something that needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes, dislikes and cultural needs and preferences.

Staff gave us examples of how they maintained and respected people's privacy. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good



Is the service responsive?

The service was responsive. Everyone at the home was able to make decisions and choices about their care and these decisions were recorded, respected and acted on.

People told us they were happy to raise any concerns they had with the staff and management of the home.

Care plans included an up to date and detailed account of all aspects of people's care needs, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

Good



Summary of findings

Is the service well-led?

The service was well-led. People and their relatives confirmed that they were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve.

The service had a number of quality monitoring systems including surveys for people using the service, their relatives and other stakeholders.

Staff were positive about the management and told us they appreciated the clear guidance and support they received. Staff had a clear understanding about the visions and values of the service.

Good



Laurel 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 checked 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 undertook this unannounced inspection of Laurel House on 5 May 2015.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding and incidents affecting the safety and wellbeing of people.

This inspection was carried out by one inspector. We met with all five people who used the service and spoke in more

detail to three people who could give us their views about the home verbally. Some people could not let us know what they thought about the home because they could not always communicate with us verbally. Because of this we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with three care staff and the registered manager. We looked at four people's care plans and other documents relating to people's care including risk assessments and medicines records. We looked at other records held at the home including staff meeting minutes as well as health and safety documents and quality audits and surveys.

After the inspection we spoke with three relatives over the phone to get their views about the home. We also spoke with the local authority commissioning team.

Is the service safe?

Our findings

People and their relatives told us they felt safe and had no concerns about how they were being supported at the home. One relative told us, “I never worry.”

We observed staff interacting with people in a kind and supportive way. Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware that they could report any concerns to outside organisations such as the police or the local authority.

Care plans we looked at included relevant risk assessments including any health issues and risks identified to the individual or others as a result of possible behaviours that challenged the service. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, risk assessments had been completed to ensure people could go out of the home safely. The staff had assessed whether each person had road safety awareness and if staff had to take into account people's behaviours that might put them at risk.

We saw that people's risk assessments had been discussed with them if possible and were being reviewed on a regular basis. We saw that changes had been made to people's risk assessments where required.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Any gaps in employment were discussed at the person's interview. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service, their relatives and staff we spoke with didn't have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them.

The registered manager confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities. We saw that the level of help and support people needed to keep safe had been recorded in their care plan and this was being regularly reviewed.

We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans. Fire drills took place on a regular basis and records showed that everyone evacuated the home in good time.

Relatives we spoke with said they were happy with the way medicines were managed at the home. The registered manager told us that one of the main aims at the home was to reduce people's medicines unless they were absolutely essential for medical conditions. We saw that a lot of work had been undertaken to manage people's behaviour without the use of medicines. Relatives were positive about this and one person told us, “I've seen improvements. They have cut his tablets down.” We saw satisfactory and accurate records in relation to the management of medicines at the home.

Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. The registered manager carried out observed competencies with all staff and if problems had been identified, staff had undertaken more training and had to pass another competency assessment before they could deal with medicines at the home.

We saw that people's medicines were reviewed on a regular basis by appropriate healthcare professionals.

Is the service effective?

Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person commented, “I like the staff.” Relatives told us the staff were “kind” and “helpful”.

Staff were positive about the support they received in relation to supervision and training. One staff member commented, “There’s always something new to learn.”

Staff told us that they were provided with a good level of training in the areas they needed in order to support people effectively. Staff told us about recent training they had undertaken including safeguarding adults, medicines, mental capacity awareness and managing behaviours that challenge. Staff told us how they had put their training into practice, for example, one staff member told us that people expressing behaviours that challenge could be their way of communicating something important to staff and it was up to the staff to find out what that person was trying to communicate.

We saw training certificates in staff files which confirmed the organisation had a mandatory training programme and staff told us they attended refresher training as required. Staff told us that they would discuss learning from any training course at staff meetings and any training needs were discussed in their supervision.

Staff confirmed they received regular supervision from the registered manager. They told us supervision was a positive experience for them and they could discuss what was going well and look at any improvements they could make. They said the registered manager was open and approachable and they felt able to be open with her. Staff also told us they would always talk to the registered manager when they needed to and that they would not wait until their supervision or a staff meeting.

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation’s philosophy of care.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not

make certain decisions then they would have to think about what was in that person’s “best interests” which would involve asking people close to the person as well as other professionals.

Staff told us it was not right to make choices for people when they could make choices for themselves. The registered manager gave us an example of a “best interests” meeting they had attended recently. Staff told us how they communicated information to people, in the form of pictures with some people who could not speak, and gave us examples of how they understood individual’s responses, for example, through people’s facial expressions and body language.

The registered manager had reviewed the home’s policy and procedure in relation to the Deprivation of Liberty Safeguards (DoLS). These safeguards are put in place to protect people’s liberty where the service may need to restrict people’s movement both in and out of the home. For example, if someone left the home unaccompanied and this would be unsafe for them, the home would have to provide a member of staff to take them out. We saw that everyone had been subject to a DoLS assessment to make sure they were not being unduly restricted and that any restrictions required for their safety were being regularly monitored and reviewed with the local authority. People we spoke with did not raise any concerns about restrictions on their movements.

We observed staff asking people for permission before carrying out any required tasks for them. We noted staff waited for the person’s consent before they went ahead. People told us that the staff did not do anything they didn’t want them to do.

People told us they liked the food provided at the home. We saw that choices of menu were available to everyone and the menu was regularly discussed with people. The staff shopped for food each week and this was dependent on what people wanted to eat. We saw that menus were in a pictorial format so people who couldn’t verbalise very well could indicate the food they wanted.

One person told us, “The food’s nice and I help out.” Another person commented, “I like their cooking.” On the day of the inspection the lunch was homemade burgers and we saw people helped out with the preparation of this meal.

Is the service effective?

People's weight was being monitored and discussed with the registered manager and staff and action taken if any concerns were identified. We saw records that showed people had been referred to appropriate healthcare professionals such as GPs and dieticians. We saw that care plans included information and treatment advice from these healthcare professionals including recording food and fluid charts if there were concerns about an individual's weight loss.

People's records contained information from health professionals on how to support them safely, such as advice from speech and language therapists regarding healthy eating and advice on potential swallowing problems.

People were appropriately supported to access health and other services when they needed to. Each person's personal records contained documentation about health appointments, letters from specialists and records of visits.

We saw that one person with a chronic health problem had been refused surgery by the local hospital. The registered manager told us that the reasons for this were not properly explained and the service had paid for a private doctor's second opinion to make sure this person was not being unfairly treated.

We saw that assistance from medical professionals was sought quickly when people's needs changed. People and their relatives confirmed they had good access to health and social care professionals. The GP had sent in a recent quality monitoring survey which described the staff as "knowledgeable", "helpful" and "caring".

Is the service caring?

Our findings

People and their relatives told us they liked the staff who supported them and that they were well treated. One relative commented, “He’s really happy there.” Another relative told us, “We feel quite lucky.”

We observed staff interactions with people throughout the day. We saw that people were very relaxed with staff and it was clear that positive and supportive relationships had developed between everyone at the home. Staff told us that the registered manager always explained the ethos of the home and that they were to “put the client first”.

We saw that people had commented and had input in their care plans. Staff told us about regular key worker sessions they had with people and how they looked at what the person wanted to do and how they followed the person’s needs and wishes. Staff felt that these one to one sessions enabled people to be more independent and to make their own decisions and choices about their care. One person we spoke with told us the staff were “easy to talk to”.

There were regular house meetings between people using the service and staff and management. We also saw that

people were able to express their views and make choices about their care on a daily basis. For example, when we arrived at the home everyone was chatting about what they wanted to do that day and staff were organising themselves in response to people’s decisions and choices.

We saw that staff had discussed people’s cultural and spiritual needs with them and recorded their wishes and preferences in their care plans. For example, how and where people wanted to attend places of worship.

We saw that people were supported to maintain relationships with their family and friends as well as make new friendships. Staff had attended training in equality and diversity issues and knew about the law in relation to people’s “protected characteristics”. Staff understood that racism and sexism were forms of abuse and told us they made sure people at the home were not disadvantaged because of their disabilities.

People told us that staff respected their privacy and staff gave us examples of how they maintained and respected people’s privacy. These examples included keeping people’s personal information secure as well as ensuring people’s personal space was respected.

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to their needs and preferences. Relatives told us the registered manager “keeps you updated about things” and “deals with issues straight away”. Another relative told us, “If you want to know something, [the registered manager] never falters.” A relative told us, “It’s wonderful. It’s the best he’s ever been.”

The registered manager and staff responded appropriately to people’s changing needs. For example, one person’s routine cholesterol test showed an increase which may have affected their health and as a result the registered manager reviewed this person’s diet and provided healthy eating advice to their family so they were aware of the issues.

We saw that the registered manager had thought about the possible future care needs of people. As people using the service were getting older, staff told us they had attended dementia training so they knew what to look out for should this begin to affect people at the home.

We saw that, following an assessment by the speech and language therapist, a person’s care plan had been updated to reflect the advice given as a result of this assessment. Staff told us that the registered manager kept them updated about any changes in needs of the people using the service.

Staff had a good understanding of the current needs and preferences of people at the home.

The registered manager confirmed that everyone had been assessed before moving into the home to ensure only people whose needs could be met were accepted. We looked at three people’s care plans in detail. These plans covered all aspects of the person’s personal, social and health care needs and reflected the care given. The registered manager had made sure people’s care plans clearly described what the person could do for themselves and where they needed help in order to maintain their independence as far as possible.

Each person had a detailed health action plan which was sent in with them if they needed to go to hospital. This gave hospital staff information about the person’s needs as well as important information about any health matters or concerns.

We saw that people could take part in recreational activities both inside and outside the home as well as take part in ordinary community activities. One relative commented, “He has a lovely life there. They take them out.”

On the day of the inspection two people had gone out to attend regular day centre places, one person went out bowling with a staff member and two people had stayed at home. We met with people when they returned later in the afternoon. They told us they enjoyed attending the day centre. We observed staff sitting and chatting with them and asking how they enjoyed their day.

The home’s complaints procedure, which was easy to understand and also included pictures, was on display in the home. People and their relatives told us they had no complaints about the service but felt able to talk to staff or the management if they did.

One person we spoke with told us that the manager “talks to me [she] listens”. A relative we spoke with told us that the registered manager “deals with issues straight away”.

Staff told us that people were encouraged to raise any concerns with the registered manager and that she was “fair with everyone”. One member of staff told us that the registered manager was “very good at conflict resolution” and “nips things in the bud.”

We saw, from minutes of monthly meetings with people using the service that any potential concerns and complaints were discussed and everyone was reminded about how they could make a complaint.

Is the service well-led?

Our findings

People and their relatives confirmed that they were asked about the quality of the service and had made comments about this. They felt the registered manager took their views into account in order to improve service delivery.

Relatives described the registered manager as, “lovely”, “on the ball” and “very good”.

We saw from meeting minutes that one person had suggested a regular barbeque which now took place and we saw that everyone had discussed and suggested where they wanted to go on their holiday.

Staff were positive about the registered manager and the support and advice they received from them. They told us that there was an open culture at the home and they did not worry about raising any concerns. A staff member commented, “I can raise concerns, no problem.”

Staff told us about improvements to the service that had come about as a result of regular staff and house meetings. For example, as a result of a suggestion from staff, the number of takeaways had decreased and staff were now cooking healthier versions of classic takeaways such as fried chicken and burgers.

The registered manager had developed a number of quality monitoring systems. These included quality monitoring surveys that were given to people who used the service, their relatives and representatives, staff and other stakeholders. The survey for people who used the service was in a pictorial format and we saw the results from the last survey included very positive views about the home.

We asked staff how the home’s visions and values were shared with them. Staff told us this was discussed in meetings and during supervisions. Staff understood the ethos of the home which they told us looked at everyone as a unique individual with different care, social and cultural needs and preferences.

Staff also told us that the registered manager encouraged staff to look at ways of maintaining people’s independence and we saw that people were supported to carry out activities of daily living such as tidying their room or helping with meals. We saw that these values were identified within all aspects of people’s care plans.

The registered manager had implemented systems to audit various health and safety and treatment monitoring within the home. For example, we saw that fire safety and infection control were audited on a regular basis and environmental risk assessments were reviewed as part of this audit and changed and updated where required.