

# Barchester Healthcare Homes Limited

## Laurel Bank

### Inspection report

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06 February 2019

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### Ratings

#### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 04 and 06 February 2019. The first day was unannounced. The service was last inspected on the 16, 17 and 23 April 2018. The registered provider did not meet the requirements of the regulations during that inspection as multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified. These related to safeguarding people from abuse, staffing, and good governance. Additionally, we found a breach to Regulation 18 of the Care Quality Commission Registration Regulations as the registered provider had failed to notify the Care Quality Commission, (CQC) of all reportable incidents.

At this inspection visit carried out in February 2019, we found the registered provider had worked hard to make improvements but not all required improvements had been made.

Laurel Bank is a purpose-built home, registered to provide accommodation for up to people who require nursing or personal care. Accommodation is provided for up to 67 people. All bedrooms are en-suite and are located on two floors, served by a passenger lift. There are two double rooms available for those who wish to share facilities. At the time of the inspection visit 43 people were receiving care and support at the home.

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

At the time of the inspection visit there was a registered manager in place. 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.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve all the key questions to at least good. We used this inspection visit to ensure all amendments had been made. We found some, but not all improvements had been made.

At this inspection visit carried out in February 2019, we found paperwork was not consistently accurate, complete and readily available. This was a continued breach of Regulation 17 of the Health and Social Care Act (2008) Regulated Activities 2014, Good Governance.

Additionally, we identified good practice guidance had not been consistently implemented to ensure the safe management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act (2008) Regulated Activities 2014, Safe Care and Treatment.

Auditing systems had been reviewed to ensure audits carried out reflected what was happening at the home so action plans could be developed and maintained. Oversight at the home from senior managers had

increased to ensure the service was well-led. Lessons had been learned from the previous inspection visit. People, relatives and staff told us they had seen an improvement in how the home had been managed since the new management team had been appointed following the last inspection visit.

We found deployment of staffing had improved. Work had been carried out with the staff team to ensure staff responded in a timely manner. When people made requests for assistance we saw their needs were promptly addressed. People who lived at the home spoke highly of the staff and their attitude. We noted staff were patient and respectful with people.

A new call bell system had been fitted within the home which could monitor and record call bell response times. Additionally, the new registered manager had reviewed how staff were deployed in line with the staffing calculator on each unit. Although improvements had been made we noted there was only one call bell alarm in each lounge. We have made a recommendation about this.

We saw risk was sometimes appropriately addressed and managed. We have made a recommendation about this.

We looked at recruitment and noted good practice guidance wasn't consistently followed to ensure all relevant information was contained within the recruitment checks. We discussed the importance of this with the senior management team and they agreed to carry out a full audit of all files to ensure all information was documented. We received confirmation this had commenced before the inspection visit was completed. We have made a recommendation about this.

People we spoke with told us they felt safe living at the home. The registered provider had made improvements to ensure people who lived at the home were protected from harassment and abuse. This included being aware of the local authority safeguarding process and appointing staff to be safeguarding champions.

We saw person-centred care was delivered to people who lived at the home. Staff were aware of people's likes and dislikes and work was taking place at the home to enhance individualised care.

We observed activities taking place within the home. Personalised one to one activities took place as well as group activities. This ensured activities were person centred and inclusive to all.

Training had been provided to ensure staff were equipped with the necessary skills required to carry out their role. We saw staff working appropriately and putting their skills in practice.

People told us they were extremely happy with the choice and quality of food provided. People's dietary needs were met in line with good practice guidance. Support was given in a respectful manner if people required support at meal times.

The registered provider was working to ensure the mental capacity and consent of all people who lived at the home met good practice guidance. When people were being deprived of their liberty, the registered provider had taken the required action to ensure this was done lawfully.

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

We looked at how complaints were managed and addressed by the service. When complaints were raised

they were dealt with professionally and in a timely manner.

The overall rating for this service is 'Requires Improvement'. This is the second time the service has been rated as Requires Improvement.

You can see what action we have asked the provider to take in the main report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Suitable arrangements were not in place for the safe management all medicines.

Procedures had been introduced to maintain and promote people's safety. Risk was addressed and managed within the home.

Staff were deployed to meet the needs of people who lived at the home.

### Is the service effective?

**Good** ●

The service was effective.

Staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and the relevance to their work.

The registered provider identified and addressed staff training needs.

Good health was promoted. People's food and nutritional needs were met by the registered provider.

### Is the service caring?

**Good** ●

The service was caring.

People who lived at the home and their relatives told us staff were caring.

We observed staff treating people with patience and compassion. Staff had a good knowledge of people who lived at the home.

Visitors were welcomed and encouraged at the home.

### Is the service responsive?

Good 

The service was responsive.

Systems had been implemented to improve documentation in relation to people who lived at the home. Documentation was person centred and tailored to people's needs.

People were offered the opportunity to be involved in activities.

Systems were in place to ensure complaints were dealt with effectively and efficiently.

### Is the service well-led?

Requires Improvement 

The service was sometimes well led.

People, relatives and staff praised the improvements made by the new management team and told us they had seen a notable change within the home.

However, changes were not yet fully embedded. We found paperwork was incomplete, inaccurate and sometimes missing.

# Laurel Bank

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 04 and 06 February 2019. The first day of the inspection visit was unannounced.

Before the inspection took place, we reviewed information we held about the registered provider. This included notifications submitted by the provider relating to incidents, accidents, health and safety and safeguarding concerns which affect the health and wellbeing of people who lived at the home. We looked at information the provider sent us in the Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection visit.

We also spoke with the other agencies that had some involvement in working with the registered provider to make improvements at the home. This included the clinical commissioning group, the local authority contracts and commissioning team and the local authority safeguarding team. This allowed us to gain information relating to the quality and safety of service being provided. Additionally, we spoke with Healthwatch to see if they had any information which could help us with our inspection planning. Healthwatch is a national independent champion for people who use healthcare services. We used the information provided to inform our inspection plan.

On the first day of the inspection visit, the inspection team consisted of two adult social care inspectors, one pharmacy inspector, a pharmacist support officer, and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Two adult social care inspectors returned to the home on the second day to conclude the inspection process and to provide feedback.

Throughout the inspection visits we gathered information. We spoke with nine people who lived at the

home and seven relatives to seek their views on how the service was managed. In addition, we sought views on how the service was managed from a visiting health professional.

As part of the inspection process we spoke with the regional director of care, the registered manager, the deputy manager, the clinical lead, one team leader, two activities coordinators, four members of staff responsible for providing direct care, and the cook.

To gather information, we looked at a variety of records. This included care plan files related to nine people who lived at the home and medicines administration records. We also looked at other information related to the management of the service. This included health and safety certification, auditing schedules, training records, team meeting minutes, accidents and incidents records and maintenance schedules. We also viewed recruitment files relating to five staff members employed to work at the home.

In addition, we walked around the building to carry out a visual check. We did this to ensure it was clean, hygienic and a safe place for people to live.



# Is the service safe?

## Our findings

At the inspection visit carried out in April 2018, we made a recommendation regarding the safe management of medicines. We used this inspection process to check to see if recommendations had been taken into consideration and acted upon.

At this visit carried out in February 2019, we found medicines were not being administered in line with good practice guidance. We could not be assured people consistently received their medicines in a timely manner as directed. We found gaps in administration records and stock balances did not match the administration record. This indicated people did not always get their medicines as prescribed. We looked at administration of pain relief patches. We found these were not always prescribed as directed. For example, one person received their patch a day later than required.

When people had medicines on an as and when required basis, staff had not recorded the time when the medicines had been given. It is important times are recorded so medicines are not given too close together to ensure continuity of care. Additionally, we saw that directions provided on the medicines administration record (MAR) were not always consistently followed. For example, one person had been prescribed a cream to be applied twice daily. The MAR record indicated the cream had only been prescribed as directed in three of 12 days.

We looked at the safe use of thickeners. For people with an unsafe swallow, there is a risk of choking if drinks are not thickened correctly. We found specific instructions for the prescribed usage of thickener was not readily accessible to staff to guide them to the correct amount required in each drink. We discussed this with the registered manager who reassured us they would action this. At the end of the inspection visit we saw action had been taken to address this.

We saw good practice guidance had not been followed to ensure peoples medicines were accurately recorded on the MAR record. For example, hand written MAR's had not been checked and signed by a second person to indicate the record was correct.

These above matters demonstrate there was a breach of Regulation 12 of the Health and Social Care Act 2008, (Regulated Activities) 2014 as suitable processes for the safe management of medicines were not in place.

We fed back our concerns in relation to the unsafe management of medicines to the senior management team at the end of the first day of inspection. The registered manager told us they were aware there were some concerns with medicines processes. They said an external auditor was booked to attend the home to audit medicines and develop a training programme for staff around their audit findings. Following the inspection visit we received confirmation this had taken place and staff training had begun.

At our last inspection in April 2018, we identified a breach to Regulation 13 of the Health and Social Care Act 2008, (Regulated Activities), 2014, (Safeguarding service users from abuse and improper treatment) as

systems were not implemented and followed to ensure people were protected from abuse and harm. We used this inspection process to check if improvements had been made.

At this inspection visit, we found the required improvements had been made. People who lived at the home told us they felt safe. Feedback included, "I do feel safe. That is one thing." And, "I feel safe here. The staff are alright."

The registered provider had taken into consideration local authority guidance and had adapted the local authority safeguarding policy within the home. Additionally, the registered manager had allocated a safeguarding champion who had started attending a safeguarding training programme. They told us they had attended a course and had then passed all relevant information to the staff team. We saw when people had unexplained injuries, processes were followed to ensure they were reported in line with local authority safeguarding procedures. Staff could identify types of abuse and how to report it. One staff member said, "I would have no hesitation in reporting abuse. We are here to protect people."

At the inspection carried out in April 2018, we identified a breach of Regulation 18 of the Health and Social Care Act 2009 (Regulated Activities) 2014 (Staffing), as the registered provider had failed to ensure suitable numbers of staff were deployed at all times. We used this inspection process to check improvements had been made.

We found improvements had been made to ensure staff were suitably deployed. The registered provider had invested in a new call bell system which allowed call bell response times to be recorded. We saw audits of call bell times had taken place and call bell response times were less than five minutes. During our inspection visits we reviewed call bell responses on each unit and staff responded immediately when people called for help.

The registered manager told us they had worked hard with staff changing the culture. They had worked with staff teams to ensure one staff member on each unit delegated staff breaks so there were suitable numbers of staff to meet people's needs. People we spoke with expressed no concerns about staffing levels. Feedback from people included, "I used to have to wait, but not anymore. They come, not always immediately, but they come." And, "My needs are attended to swiftly."

Observations made during the inspection showed staffing levels were sufficient to meet the needs of people who lived at the home. Staff were not rushed and had time to meet people's needs.

During the inspection process we saw people were spending time in communal lounge areas. On two occasions we heard people asking for help but there were no staff nearby to hear them. We therefore had to look for staff to assist. One person explained to us there was only one call bell in each communal area so not all people could call for help when required. We raised this with the senior management team as part of our feedback. They confirmed there was only one call point in each communal lounge area and said they would take our concerns into consideration.

We recommend the registered provider reviews equipment in communal areas to ensure staffing can be suitably called upon at all times.

At the inspection carried out in April 2018, we made a recommendation regarding managing risk and assessing risk in a timely manner. We used this inspection visit to see if recommendations had been acted upon. We saw risk assessments had been reviewed on a regular basis to highlight the changing needs of people. The registered manager told us the clinical lead was currently in the process of reviewing all records

to improve the quality of documentation. Although we noted improvements within the documentation, we found not all identified risk had been addressed. For example, we saw two people used oxygen within their bedrooms. No risk assessments had been considered to safely manage the risk. We pointed this out to the clinical lead who took immediate action to ensure a suitable risk assessment was developed to promote people's safety.

We observed staff practice and noted staff were aware of risk and how to effectively manage this. For example, one person was at risk of falling from their bed so they had been assessed as requiring bed rails. We observed staff using these when the person was in bed.

At the inspection visit carried out in April 2018, we noted the registered provider had not always asked for a full employment history of all potential employees. We recommended the registered provider reviewed good practice in relation to staff recruitment. We used this inspection process to check improvements had been made.

We found good practice guidance had not been fully embedded. We reviewed four staff files and saw two of the four records had not met the required standard. This was because the registered provider did not have a full employment history, including months and years of employment for two staff members. We fed this back to the regional director who agreed to act as required. The regional director told us they would ensure a full audit of all recruitment files would take place to ensure full compliance with this regulation. Following the inspection visit the registered manager confirmed these checks had commenced.

We recommend the registered provider reviews practice to ensure the service consistently meets the requirements set out within Regulation 19 of the Health and Social Care Act 2014.

As part of the inspection process we reviewed infection prevention and control measures within the home. We found the home was appropriately maintained by the housekeeping staff. People who lived at the home and relatives praised the standard of hygiene in the home. Feedback included, "The home is lovely and clean." And, "The home is kept clean. They dust and polish every day'. We observed staff using personal protective equipment, (PPE) when required. This showed us staff understood and implemented the principles of good hygiene.

At this inspection visit carried out in February 2019, we reviewed health and safety processes within the home. To do this we carried out a visual inspection of the premises and reviewed safety certification. We found equipment at the home was appropriately maintained to promote safety. We saw health and safety guidance for care homes had been considered and implemented throughout the building. For example, taps were fitted with valves to prevent scalding and restrictors were placed upon windows to prevent falls from height.

## Is the service effective?

### Our findings

At the inspection visit carried out in April 2018, we recommended the registered provider reviewed processes to ensure consent to care and treatment was considered and achieved. At this inspection visit carried out in February 2019, we saw action had been taken and consent had been addressed with people or their representative. Care records included signatures to show care and support had been discussed with people and people agreed to the plan of care. Feedback included, "I get every opportunity to discuss my care. We agree the care I need. They always ask for my express consent before any care delivery." And, "We have talked about [relatives] care."

Individual care records showed health care needs were monitored and action taken to ensure health was maintained. We reviewed care records and saw evidence of professionals being consulted with when there was a change in people's health care needs. For example, district nurses and specialist health nurses had been involved for people who lived at the home. This showed us people's health care needs were met in a timely manner.

A variety of assessments were used to assess people's safety, mental and physical health. Care records were reviewed monthly or when people's needs changed. One relative praised the standard of care provided. They said, "My [relative] needed a lot of care when they came here. They have a lot of health problems. They are so much better since they came here."

We spoke with the peripatetic nurse who was working at the home, improving care documentation. It was evident from discussions they were aware of the importance of considering and implementing good practice guidance when developing plans of care.

We looked at how people's nutritional needs were met. People consistently praised the standard and quality of food provided at the home. Feedback included, "The food is good in the main. There is choice and it is varied." And, "I really enjoy the food. The chef does a good job." Also, "I don't have a good appetite but what I have I enjoy. If they don't have something you want, they will get it for you."

We observed people being supported over a meal time. The tables were laid with cloth napkins and glassware. Food looked appetising and was well presented. People were offered a variety of choices. People could choose where they ate their meals and some people opted to eat in their bedrooms. This was confirmed by one person who said, "I choose to have breakfast in my room, it's my way of life." Independence was promoted at all times but staff were on hand to help when required.

We spoke with the chef, who had a good knowledge of people's personal preferences and dietary needs. They told us they communicated with people, relatives and staff to ensure people's dietary needs were consistently met. The chef said meals were planned on a four-week menu but people could make individual requests off the menu, which would then be prepared. The chef spoke passionately about his role within the home stating, "Nutrition is one of the most important aspects of care. I'm going to do all I can to make sure the residents have the best quality meals."

We reviewed completed documentation for people who were at risk of malnourishment. Guidelines and assessments to monitor people's weights had been referred to. We saw evidence of professionals being consulted with when risks had been identified in relation to eating and drinking. One relative told us, "[Relatives] nutritional state was poor but the home has definitely built them up."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the service had appropriate assessments to assess a person's mental capacity and saw consent to care and treatment had been obtained from individuals when appropriate. Additionally, documentation was in place to support individuals who could not make decisions about their care. For example, when people could not consent to the use of bed rails to ensure their safety, the service had carried out a capacity assessment to ensure the bed rails were only used in the person's best interest. The service had also carried out best interest decision meetings to support decision making. The regional director told us work was ongoing in this area to improve processes within this area. Following the inspection visit the registered manager confirmed this piece of work had been completed.

We reviewed processes for ensuring applications had been made to the appropriate professional body when people were being deprived of their liberty. We saw the registered provider had a system for ensuring people were only detained of their liberty when necessary and in line with legal responsibilities.

People who lived at the home and relatives considered staff to be skilled and able to meet the needs of people who lived at the home. One relative told us, "The staff seem to be a well-trained group of people'.

Staff told us they were happy with the standard and availability of training at the home. A variety of training was offered to staff to enable them to develop their skills and deliver effective care. This included a mixture of mandatory and service specific training. We saw the registered manager worked proactively to ensure identified training needs were addressed in a timely manner. For example, following an incident at the home the registered manager identified a training need and liaised with the local hospice to ensure all staff had the appropriate training so the incident did not occur again. Additionally, the registered provider had requested an independent auditor to come into the home to audit medicines. Training for staff was to be tailored to staff based around the auditors' findings. This showed us the registered provider responded to risk and developed training to manage and reduce risk.

The registered provider maintained a training matrix so training could be planned and organised to meet staff need. We saw there was a strong commitment to ensuring staff maintained sufficient levels of training.

We spoke with staff who had been recruited at the home since the last inspection visit. They told us they had received a structured induction at the beginning of their employment. This included attending specific training course and shadowing more experienced members of staff. This allowed them to learn the required

skills within a safe and supervised environment. They told us they were happy with the training and guidance provided and praised the support received from other work colleagues and senior management.

We spoke with staff about supervision. Supervision is a one to one meeting between a manager and staff member. One to one meetings are a means to discuss staff progress and conduct and discuss any concerns. Staff confirmed supervisions took place. In addition to organised supervisions, the registered provider had introduced themed supervisions. Themed supervisions took place after a concern being identified and were used to highlight good practice and update staff about the correct procedures to follow. For example, we were informed a thematic supervision had taken place following an incident being highlighted during the inspection process. This showed us the registered provider was responsive to incidents. Staff praised the approachability of the newly recruited management team and said they could discuss any concerns they may have in between supervisions.

At this inspection we reviewed the environment in which people were living. We noted the environment was well maintained to promote a homely atmosphere. Rooms were individualised with photographs and pictures of friends and relatives. On some occasions people had brought their own furniture from home. These homely comforts supported people to feel at home.

## Is the service caring?

### Our findings

People who lived at Laurel Bank and relatives told us staff were kind and caring. Feedback included, "The staff are just lovely to me." And, "The staff are excellent. I have good relationships with all of them." Also, "Mum has a key worker who I can talk to about my mum. She is kind and caring. I can approach her at any time."

At the inspection visit carried out in April 2018, we identified some concerns regarding staff culture, which had impacted upon the quality of care provided. At this inspection visit we found the registered provider had worked hard to change the culture to promote compassionate care. We found staff were universally warm and friendly towards people. One relative told us, "Last year the home was not looking after [relative] well. I felt when I asked a question I was being a nuisance. The home has much improved. Staff are lovely."

We observed interactions between people and staff. People were not rushed and staff were patient. Staff spoke kindly and encouragingly when giving support and offering care. They had a good understanding of people's likes, dislikes and histories. We observed staff talking to people in an individualised manner. People who lived at the home responded positively to staff. For example, one person referred to a staff member as, "lovely" and "smiler." Another person thanked a staff member for spending time with them chatting.

Staff had a good understanding of protecting and respecting people's human rights. They could describe the importance of respecting each person as an individual whilst promoting autonomy, dignity and respect. One person told us, "They always check to make sure they haven't misunderstood me."

People told us they were supported to maintain their cultural and spiritual needs. One relative told us people from various churches visited the home on a regular basis. This was confirmed by the activities coordinator who said visitors from the church attended the home twice a month. They told us they had also developed a link with another church so people could receive communion.

People told us they were consulted with to make decisions and express their opinion. When people did not have capacity, and did not have family to support them in making significant decisions advocates were involved to assist with decision making. Advocates are independent people who provide support for those who may require some assistance to express their views. This showed us people were encouraged and supported to express their views.

During our inspection visit we observed visitors within the building. Relatives told us they were welcomed into the home and could visit at any time. One relative said, "We always get offered tea and cake which is a nice touch'.

## Is the service responsive?

### Our findings

At the last inspection visit in April 2018, we noted some areas for improvement regarding person centred care. At this inspection visit we found improvements had been made and people were receiving person centred care. Feedback included, "I want for nothing." And, "I can have a bath when I want." Also, "All the staff know me exceptionally well." Additionally, "Things have definitely improved over the last two to three months. Simple things were not being checked like [relative's] hearing aid batteries. Now things are being sorted much better."

We looked at care records relating to nine people. Care plans addressed management of medical conditions, psychological wellbeing, diet and nutrition, mental capacity, communication and mobility. People's independence was considered and promoted throughout the care plan.

We reviewed care records and from the records viewed we saw people's personal preferences, routines, needs and wishes had been included within the care record. For example, one person liked a specific routine before bed time which included reading a book and chatting with staff. This was documented within their night time routine so staff could assist with this. During the inspection visit a member of the senior management team told us good practice guidance in relation to person centred documentation was being developed within the home to promote a more responsive service. We observed staff spending time with people during our visit asking people about their family and life history so further person-centred information could be collected. On one occasion we overheard a person thanking staff for spending time with them collecting the information. They said, "That was lovely. Thank you."

When people had additional communication needs, these had been taken into consideration and strategies had been put into place to promote communication. For example, care records referred to hearing aids when required and alternative means to communicate. One person who lived at the home was visually impaired. The person's care record referred to talking books. We visited the person in their room and noted the person had their talking books available as documented within the care record.

We looked to see activities were taking place at the home. People who lived at the home and relatives told us activities hadn't always been available at the home but said things were now improving since two activities coordinators had been recruited.

During this inspection visit we observed activities taking place. We saw there was a mixture of group based and individual activities. For example, we observed a group of people taking part in a cookery session. People were sharing hints and tips about recipes and past experiences of cooking. Additionally, we observed people being encouraged to take part in arts and crafts sessions. People were making decorations for the home in preparation of celebrating the Chinese New Year.

We saw consideration was taken to spend time with people who preferred to be in their own rooms. We observed one activity taking place with a person in their bedroom. The activities coordinator was chatting with a person and supporting them to complete a reminiscence quiz. The activity was well received. We



spoke with the activities coordinator after they had finished the session. They spoke enthusiastically and passionately about their role. They explained how they visited people in their rooms tailoring their session to meet their needs. They said, "It is the small things that matter. One person who lives here is Irish. I go in and sing them two Irish songs every day and they always say, "God bless you."" This showed us activities were individualised and reflected people's cultural needs.

We looked at how end of life care for people was planned and provided at the home. We saw information had been collected about people's wishes and these were incorporated into the person's care plan. The registered manager told us plans were in place to increase staff awareness around end of life care and said staff were going to complete a nationally recognised and accredited training course to build on end of life care at the home. We were shown evidence this was booked.

On the days of the inspection visits no one had any complaints about the service provided at Laurel Bank. Feedback included, "I have no complaints." And, "If I had a complaint I would tell them."

We looked at how complaints were managed by the registered provider. We saw the registered provider maintained a complaints log of all complaints raised by people. The registered provider had followed their process investigating each complaint and had offered an apology to people when things had gone wrong. This demonstrated the registered provider had an effective system for managing complaints.

## Is the service well-led?

### Our findings

At the inspection carried out in April 2018, we identified a breach to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. This was because the registered provider had failed to ensure records maintained were accurate, complete, up to date and accessible.

At this inspection visit carried out in February 2019, although we noted some improvement in the way in which the service was being managed we found records were still not being consistently completed in a timely manner. For example, we viewed three fluid charts for three different people and noted there were gaps in recordings. One person's record indicated a person had not been offered a drink for five hours. We highlighted this to the registered nurse on duty and the registered manager who provided us with assurances the person had received a drink but it had not yet been documented. Additionally, we highlighted inaccuracies in three care records related to the accuracy of documentation maintained. For example, one person's care records referred to the wrong surname. Another person's care record contained conflicting information as to what equipment was to be used to support with moving and handling.

During the inspection process we requested to look at minutes from an internal investigation which had occurred in August 2018. The registered manager was unable to locate the document and offer us assurances that a specific piece of work had taken place and actions recorded by the previous management team.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008, (Regulated Activities) 2014 (Good governance) as documentation was not always accurate, complete and stored securely.

We highlighted concerns regarding the quality of paperwork to the senior management team. The registered manager told us work was ongoing to ensure paperwork was accurate and to a suitable standard. They said the clinical lead was currently reviewing all care records to ensure all information was accurate and up to date. Additionally, staff in charge of each unit had a responsibility to ensure all daily records were completed at the end of each shift. The registered manager said staff had received training and reflective supervisions to increase the quality and timeliness of records.

We looked at auditing systems implemented since the last inspection visit. We found auditing systems within the home had increased. The registered provider had introduced a call bell response audit since our last inspection visit. The registered manager told us they reviewed call bell response times on a weekly basis to ensure people were receiving effective care. Additionally, members of the senior management team had carried out regulatory audits at the home to check to see if the registered provider was meeting the fundamental standards. We saw audits had taken place and actions had been identified because of audits. The regional director told us daily records and charts were forwarded to them on a daily basis so they could be assured people were receiving appropriate care and support.

We recommend the registered provider continues with the current level of auditing at the home to ensure improvements at the home continue to be embedded.

At the inspection carried out in April 2018, we identified a breach to Regulation 18 of the of Regulation 18 of the Care Quality Commission Registration Regulations 2009 (Notification of incidents). This was because notifications had not been submitted to the Commission in a timely manner. At this inspection, we reviewed accidents and incidents that had occurred at the home and noted all required notifications had been submitted to CQC in a timely manner.

People, and relatives told us the new registered manager had made a positive impact upon the home and the service delivered. Feedback included, "Since Christmas things have definitely improved." And, "Things have definitely improved over the last 2-3 months." Also, "Between May 2018 and Christmas 2018 the home was not looking after [relative] well. If things had not improved, I was moving my [relative] but the home has much improved."

Staff also agreed the new management team had started to make improvements within the home. They told us staff morale and sickness absence had been addressed and said morale of staff had also improved. Feedback included, "There's a real sense of teamwork here now." And, "There has been some big changes."

Although people, relatives and staff told us positive changes were occurring at the home, we were informed staff turnover had been high. One person said, "The staff are lovely but we have had a lot of them." Staff told us having new starters on shift could sometimes have an impact upon deployment of staffing. We raised these concerns with the senior management team who provided us with assurances that staff turnover had reduced in the recent months.

We asked the registered manager about what changes they had seen at the home since they had started in post. The registered manager spoke proudly of the staff team and how the culture had changed within the home. They said, "I see staff smiling now. They are a lot happier. This is a happy home now." The registered manager spoke passionately about the home and said, "It is a home on a journey. Staff are much better. We have changed the culture."

Following the last inspection carried out in April 2018, the service was supported by a local authority and clinical commissioning quality improvement team to improve the quality of the service and to meet the regulations. The registered provider had worked in partnership to implement new processes and drive forward standards within the home. As part of the process external networks had been developed so good practice could be implemented within the home. The service had identified champions to develop additional skills which could be shared through the home.

Improvements had been made to ensure effective communication was maintained throughout the service. We saw daily handover meetings were taking place to discuss what was going on within the home. All staff departments had to attend these meetings so information could be shared throughout the home. We saw when concerns within practice had been identified action was taken in a timely manner.

We looked at how the registered provider engaged with people who lived at the home. A residents meeting had taken place following the inspection findings at the last inspection visit to offer assurances to people and relatives. Additionally, we saw evidence of people being asked informally for their views. For example, the chef had consulted with people about menus. The regional director told us the registered provider was reviewing ways of formally engaging with people who lived at the home and once a new system was in place people would be formally asked to provide feedback about their experiences.

As part of the inspection process we looked to ensure the registered provider had their performance assessment on view as set out in the 2008 Health and Social Care Act. We saw the performance assessment

was on view as required.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	The registered provider had failed to ensure care and treatment was provided in a safe way for service users as good practice guidance had not been followed to ensure the safe and proper use of medicines.  12 (1) (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The registered provider had failed to maintain accurate, complete and contemporaneous records in respect of care and treatment provided to service users and people employed to carry out the regulated activity.  17 (1) (2) (c) (d)