

Reemy Medicare Ltd

Laurel Mount Nursing Home

Inspection report

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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Laurel Mount Nursing Home is a residential care home registered to provide personal and nursing care for up to 34 people. At the time of this inspection no one was living at the home. As a result, we were unable to provide a rating for this service.

People's experience of using this service and what we found

There were systems in place to help keep people safe. Staff we spoke to understood how to protect people from abuse. The provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. There was the facility for medicines to be stored safely and securely and procedures were in place to ensure people would receive their medicines as prescribed. The premises were clean and had recently been refurbished.

There were systems in place to monitor and improve the quality of the service. Safety and maintenance checks for the premises and equipment were in place and up to date. The provider had policies and procedures which reflected current legislation and good practice guidance.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 14 January 2022), and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

At this inspection we found some improvements had been made by the provider. However, we could only assess improvements in relation to policies, documents and the environment as there were no people living in the home.

Why we inspected

This inspection was carried out to follow up on action taken by the provider since the last inspection and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laurel Mount Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question Inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question Inadequate. We have not reviewed the rating as we have not looked at all of the key question at this inspection.

Inspected but not rated

Laurel Mount Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Laurel Mount Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Laurel Mount is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post. The service had appointed a manager who was in the process of applying to register with the Care Quality Commission.

Notice of inspection

We gave the service a short period of notice of the inspection. This was because no one was living at the service and we needed to be sure the provider would be there to meet with us.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make.

We reviewed the action plan and other information the provider had submitted since our last inspection. We used this information to plan our inspection.

During the inspection

We spoke with the nominated individual, the manager, nurse in charge and two members of care staff. As there was no one living at Laurel Mount Nursing Home at the time of the inspection, we were unable to speak with people and relatives.

We reviewed a range of records. This included 'mock' care records which had been made up by the manager so that we could see what a completed care plan would look like for anyone moving into Laurel Mount Nursing Home. We looked at two staff files in relation to recruitment and training. A variety of records were reviewed relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection this key question was rated Inadequate. We have not changed the rating as we were unable to fully assess the provider's compliance with regulations due to there being no people using the service at the time of the inspection.

Assessing risk, safety monitoring and management, learning lessons

At our last inspection, we found the provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and the provider had not ensured the premises were safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made by the provider. However as there were no people at the service at the time of the inspection, we could only assess improvements relating to documents, the environment and policies.

- The mock care records we looked at contained comprehensive risk assessments. The level of risk in each area was recorded which included the likelihood of it occurring. Each risk assessment contained an action plan to give guidance to staff on what actions to take to reduce the level of risk.
- The mock care records demonstrated a thorough assessment process of people, and captured their needs, wishes and preferences alongside positive goals they wished to achieve.
- The provider had systems in place to reduce risks to people in the event of a fire. The provider had arranged for a fire risk assessment to be completed and worked through the action plan set by the fire authority. The most urgent actions had been completed. The provider had started completing regular fire evacuation drills and fire alarm testing with staff.
- The provider had addressed the central heating system issue found at our last inspection and now all radiators in the service worked.
- Magnetic locks were on external fire doors to ensure people's safety in the event of an emergency, in addition to locks being replaced where required on internal doors.
- The home had undergone a large refurbishment programme, which meant many areas had been updated. Safe storage of cleaning products was now in place through the implementation of a new 'Control of Substances Hazardous to Health' cupboard.
- As there was no one living at the service, there were no examples of lessons learnt following accidents or incidents since the last inspection. However, we saw the provider had systems in place to record and analyse accidents and incidents.

Preventing and controlling infection

At our last inspection we found people were not protected from the risk of infection as control measures

were not implemented consistently. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found some improvements had been made by the provider. However as there were no people at the service at the time of the inspection ,we could only assess improvements relating to documents, the environment and policies.

- We were assured that the provider had sufficient procedures in place to prevent visitors from catching and spreading infections.
- We were assured that the provider would be able to support people living at the service to minimise the spread of infection.
- We were assured that the provider had policies and procedures in place to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely
- We were assured that the provider was responding effectively to risks and could identify signs of infection.
- We were assured that the provider was able to promote safety through the layout and hygiene practices of the premises.
- We were assured that the provider would be able to ensure infection outbreaks would be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider had a system in place to facilitate visits for people once they were living in the home in accordance with the current guidance. This included completion of LFD tests before entry to the home.

Staffing and recruitment

At the last inspection we found systems were not in place to ensure staff were recruited safely. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made with processes in place for safe recruitment. However, as no new staff had been recruited, we were unable to assess the effectiveness of this procedure.

- The process for recruiting staff was safe. We checked two staff files and we saw each file contained references to confirm the applicant's suitability, proof of identity including photographs and disclosure and barring service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

At the last inspection we found there were not enough staff deployed at all times to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the staffing plan. However, as there was no one living at the service at the time of the inspection, we were unable to measure the effectiveness and safety of staffing levels.

- The provider had a dependency tool which they planned to use to calculate the number of staff needed according to people's assessed needs.
- The provider had a robust phased readmission plan which clearly showed a safe plan for staffing levels. This included nurses being available 24 hours a day once nursing people who required nursing care were admitted to the home.

Using medicines safely

At our last inspection we found systems were either not in place or robust enough to demonstrate medicines were managed safely. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the storage and security of medications. However, as there were no people using the service at the time of the inspection, we were unable to assess the safe administration process of medications.

- Laurel Mount Nursing Home had a locked room with a fridge and medicines storage trolley chained to the wall to securely store people's medications.
- The provider had a comprehensive set of policies and procedures covering all aspects of medicine management.
- A new clinical lead had been appointed to oversee the safe management of medicines and complete medication audits. Systems were in place ready for when people lived at the service.
- Staff competencies were not yet completed. However, the provider had training and competency assessments ready to use for staff, prior people being admitted to the service.
- The manager and lead nurse explained the medicine administration system they were planning to use at the home. The mock care records we looked at contained clear guidance for staff on when a person may need their 'when required' (PRN) medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff we spoke with confirmed they had received training in safeguarding adults and whistleblowing policies and procedures.
- Staff were aware how to report any unsafe practices and felt confident their concerns would be taken seriously by management.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the mock care records contained assessments of people's care and support needs which were person centred. Some people requiring nursing care may display behaviours that challenge others. We saw the mock records contained behaviour support plans with guidance for staff on how to intervene, manage and calm any potentially challenging situations.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection this key question was rated Inadequate. We have not changed the rating as we were unable to fully assess the provider's compliance with regulations due to there being no people using the service at the time of the inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At the last inspection we found systems to assess, monitor and improve the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made by the implementation of updated policies and procedures and new quality audit systems. There were no people using the service at the time of the inspection which meant we were unable to assess the effectiveness of the provider's oversight and monitoring of the quality of the service.

- The provider had quality assurances systems in place to assess the quality and safety of the service. There was a clear cycle of audits in place ready for use.
- There were systems in place to ensure regular checks of the buildings and the equipment were carried out to help keep people safe. The provider had safety certificates in place for the premises and current electrical equipment in use.
- The provider had comprehensive set of updated policies and procedures covering all aspects of care delivery.
- Staff we spoke to told us the manager is "Approachable and accommodating and has made some great improvements to the home and our ways of working."
- The staff we spoke with showed motivation and commitment to their role and to providing a good level of care. The morale was high.
- The manager, the nominated individual and lead nurse were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had surveys in place to use when people were using the service. This covered several aspects of the service including the quality of care and the quality of food and drink. The manager had a dining

experience audit to periodically complete to review the quality of the mealtimes.

- The provider had systems in place to gain feedback from staff, relatives and people. This was in the form of staff supervisions and team meetings, resident meetings and questionnaires.

Working in partnership with others

- The manager told us they had already established good working relationships with external stakeholders and were keen to develop links with other organisations in the community.