

Laurel Residential Homes Limited

Scott House

Inspection report

7 Wareham Road
South Croydon
Surrey
CR2 6LE

Tel: 02086869312

Date of inspection visit:
09 April 2019

Date of publication:
30 May 2019

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 ●

Summary of findings

Overall summary

About the service

Scott House is a residential care home that was providing personal care for up to 19 people living with long term mental health needs. There were 14 people using the service at the time of our visit.

People's experience of using this service

- People were happy living at Scott House, they told us they felt safe and liked the staff who supported them. Relatives were also happy with the service and they felt welcomed when they visited and said that staff maintained contact to inform them of any changes. Staff said they were proud to be working at the service and enjoyed their jobs.
- People, relatives, staff and health and social care professionals said the registered manager and the staff team were approachable and supportive. There were enough staff to meet people's needs. There was a robust recruitment process so the provider knew they only employed suitable staff.
- The provider had systems in place to keep people safe from identified risks. Staff knew to report any concerns that arose. Risks were managed to keep people as safe as possible. Staff received the training they required so they had the knowledge and skills to do their job and meet people's needs.
- Staff gave people their prescribed medicines safely. They followed good practice guidelines to help prevent the spread of infection. People had access to the healthcare services they required.
- People and their relatives told us they enjoyed their meals. There was a variety of healthy meals based on people's choices and nutritional needs.
- People were encouraged to make choices in all aspects of their lives. Staff knew each person well, including their likes and dislikes and their preferences about how they wanted staff to care for them.
- Staff respected people's privacy and dignity and encouraged people to be as independent as possible.
- People and their relatives told us they knew how to complain and were confident that the registered manager would resolve their complaints.
- There were effective quality monitoring processes in place including seeking the views and feedback of people who used the service and their relatives. Scott House was homely and staff did everything they could to make people's lives as comfortable and fulfilling as possible.

We found the service met the characteristics of a "Good" rating in all areas

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

Rating at last inspection: At the last inspection the service was rated as Requires Improvement [report published on 30 May 2018].

Why we inspected: This was a planned inspection based on the rating at the last inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Safe findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Safe findings below.

Is the service well-led?

Good ●

The service was safe.

Details are in our Safe findings below.

Scott House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

- Our inspection was completed by one inspector.

Service and service type

- Scott House provides care and support for up to 19 adults living with long term mental health needs. There were 14 people living at the service when we inspected it.

- The 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. 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 time of our inspection, a manager was registered with us.

Notice of inspection

- Our inspection was unannounced. Inspection site visit activity started on 9 April 2019 and ended on 16 April 2019. We visited the office location on these two dates to see the registered manager and staff; and to review care records and policies and procedures.

What we did

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public and the local authority commissioning and quality monitoring group.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well

and improvements they plan to make.

- We spoke with seven people who used the service.
- We spoke with the registered manager, the deputy manager, a nurse, three support workers and the cook.
- We reviewed three people's care records, three staff personnel files, audits and other records about the management of the service.
- After the inspection we spoke with three relatives of people who used the service.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. At this inspection we found that improvements had been made to the environment. The planned programme for the home's redecoration and refurbishment was almost complete at the time of this inspection. Examples of this were seen in the lounge, people's bedrooms, the kitchen and the downstairs bathroom. These improvements have reduced the risk of the spread of infections which were part of our previous concerns. We have therefore changed the rating from Requires Improvement to Good.

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

Good: People were safe and protected from identified harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The registered manager knew what constituted safeguarding and ensured appropriate action was taken to protect people and keep them safe.
- The registered manager reported any safeguarding allegations to the local authority safeguarding team for investigation and sent us statutory notifications of any events that placed people at risk, as required by law.
- We spoke with the local authority and can confirm all safeguarding concerns were fully investigated together with the provider. The provider followed all the appropriate local safeguarding protocols.
- All staff received safeguarding training and were provided with refresher training. Staff understood their responsibilities in relation to safeguarding. A whistleblowing policy was in place for staff. They told us they were encouraged to report any concerns.

Assessing risk, safety monitoring and management

- The provider assessed risks relating to people's care and support needs. This process was done in conjunction with local authority care managers and social workers. Clear outcome based, care plan guidance was in place for staff to follow to help minimise identified risks.
- Staff understood the risks relating to people's care. Risk management plans were followed by staff to help ensure known risks were well managed and people protected.

Staffing and recruitment

- People were positive about the staff who supported them. They included comments such as, "Staff here are good to us, they are kind and help me to do what I want to do," and "We have got a good staff group, I like them, they do help us."
- On the day of the inspection we saw there were enough staff to keep people safe, meet their needs and provide a person-centred approach to people's care and support. Staff had time to sit and talk to people and engage them in some activities. Where appropriate some people had one-to-one staffing sessions provided. There were sufficient numbers of staff working with the knowledge, skills and support that people required.
- There were effective recruitment practices in place. Staff recruitment checks included a criminal records check and satisfactory employment and personal references. These arrangements helped to protect people

against the risk of being cared for by people deemed as being unsuitable by the provider.

- The registered manager told us since the last inspection staff rotas were changed to ensure both day and night staff knew the people they supported better. We saw evidence of this. People told us they appreciated the changes because it had enabled them to know all the staff better, especially the night staff.

Using medicines safely

- People told us they received their medicines at the right times. While we were inspecting we saw people received their medicines as prescribed.
- The provider was following safe protocols for the administration of medicines including the receipt, disposal and storage of medicines.
- Staff received regular training in the safe administration of medicines. The registered manager carried out regular audits to help ensure all aspects of medicines administration were carried out to the provider's expected standards. They told us they planned to introduce competency assessments for all staff administering medicines to people. This should help to further increase the safety of medicines administration in this home.
- Protocols were in place for staff to follow when administering 'as required' medicines.
- Staff recorded medicines administration appropriately on records (MAR).
- The service recognised the need to ensure people remained as independent as possible with taking their own medicines. Staff only prompted people or administered the medicines when the person needed assistance.

Preventing and controlling infection

- Appropriate policies and procedures were in place for staff to follow when supporting people. This helped to ensure both they and the people they supported were protected from the spread of infections and that best hygiene practices were carried out.
- Staff used the necessary protective personal equipment such as gloves and aprons when providing people with personal care.
- Two of the three staff we spoke with received training with food hygiene, the other member of staff was booked for forthcoming training. This has helped to ensure best practices were followed with meal preparations.

Learning lessons when things go wrong

- The registered manager showed us the home's log for accidents or incidents since the last inspection. Good systems were in place to record and investigate accidents or incidents when they occurred. The home's process included identifying any trends or patterns and putting in place remedial action to prevent or minimise further occurrences.
- Accidents and incidents were reviewed by the regional manager to identify where additional measures were needed to improve services.

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. Staff did not receive regular, structured supervision that included discussion of their direct work with people who used the service. At this inspection we found that improvements had been made to the process of staff supervision. All staff now receive regular supervision with their manager every two months, notes are recorded and discussions include direct work with people using the service. This is in line with the provider's supervision policy.

We have therefore changed the rating from Requires Improvement to Good.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Since the last inspection the provider reviewed and revised their process for assessing people's needs, the risks they might experience and their care and support plans. People's needs and their choices are now assessed and planned for in line with best practice.
- The views of people, staff and other health and social care professionals were taken into account when people's needs were assessed and planned for. The health professional we spoke with was positive about the way staff cared for people. They told us staff worked closely with them when arranging and providing care for people living in the home.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in relevant areas of their work. This helped to ensure people received the care and support they needed.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.
- Staff were given opportunities to review their individual work and development needs. Since the last inspection the provider revised the supervision process and staff now received regular, effective and well-structured supervision.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they were able to choose what they wanted to eat and drink and were encouraged to make their own choices. The cook told us they consulted with people every day to find out what they wanted to eat and to offer them choices.
- People were supported to have enough to eat and drink. Staff maintained a record of people's food and drink in-put daily to avoid them becoming dehydrated and to help encourage them to enjoy a healthy nutritious diet.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as people's doctors, community mental health teams and community psychiatric nurses. Staff followed advice provided by healthcare professionals and ensured that changes were communicated and acted upon.
- Information about people's specific health conditions and how these affected the person were available to staff.

Supporting people to live healthier lives, access healthcare services and support

- Staff and people told us they had access to the healthcare professionals such as opticians and dentists. People said staff accompanied them to these appointments if they requested assistance. Records indicated that people's GPs visited the service regularly when necessary to review people's medical needs.
- Staff knew people well and recognised when someone's health was changing. The staff referred people to other professionals in such as the community mental health teams or other health and social care professionals appropriately.

Adapting service, design, decoration to meet people's needs

- Following the last inspection, most of the environment has been redecorated and refurbished. The registered manager and the regional manager told us the aim was to complete this programme of works as soon as possible. We noted the new decorations were completed to a good standard. People told us they were able to personalise their own rooms to suit their tastes and needs. We saw they had new furniture in their rooms.
- The registered manager told us that new equipment and technology recently installed in the home had helped to meet people's needs better at night.
- Robust safety checks in relation to the premises and equipment were carried out to ensure people's safety.

Ensuring consent to care and treatment in line with law and guidance

- 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. There was no one being deprived of their liberty at the time of our visit.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent in all aspects of their lives. People were supported to have maximum choice in their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- People told us staff gave them support so they had respect and freedom to do the things they enjoyed in the community.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well-treated and supported; equality and diversity

- People were positive about the staff. One person said, "I like it here, the staff are nice to me and I can do what I want most of the time." Another person told us, "Yes, I do like living here, the staff are kind and they help me when I need it."
- Relatives told us their family members were well treated by staff and they said staff knew them well. One relative told us, "I have no qualms about [family member] being there, they are really well looked after and importantly they are safe there. It's home and that's how they see it too."
- People said staff made them feel they mattered. From our discussions with staff we saw they knew people well and understood their needs. This included their likes and dislikes and their preferences about how they wanted staff to give them care and support.
- People's diverse needs were recorded in their care plans. This included the support people required in relation to their personal, cultural and religious beliefs.

Supporting people to express their views and be involved in making decisions about their care.

- People told us they made decisions about their care and support and said staff supported them with the things they preferred to do.
- Staff described how they involved people in making decisions about their care and support. They said they had regular discussions with people about their care plan objectives and how together they could be best achieved. People told us they had discussed their care plans with staff and we saw they had signed them in agreement with the contents.
- Meetings were held and people were consulted about the menu, activities and choosing colours for decoration and soft furnishings.
- People had access to advocacy services should they require support making decisions about their care and support. We noted the contact details displayed on the home's notice board.

Respecting and promoting people's privacy, dignity and independence.

- People's confidential information was securely stored and this helped to maintain their privacy.
- People's right to dignity and independence was promoted by staff. A staff member said, "We all do our best to be discreet when providing support such as personal care to people. We close doors and we ask people how they would like that support to be provided for them."
- Staff let people know they were valued by giving people the time they needed to communicate their wishes.
- Staff encouraged people to be as independent as they wanted to be in all aspects of their lives. Staff told us they accompanied people in the community if they requested assistance. One person liked to go to a local café and staff often went with them when they were asked to.

- Maintaining relationships with friends and family was encouraged. People were supported to visit their friends and family and their visitors were made welcome when they came to the service. Some people had developed important friendships with other people who used the service and staff encouraged and supported these friendships.
- Relatives told us they were made to feel welcome when they visited and they said staff kept them fully informed about their family member's health and general progress.
- We saw throughout our inspection that staff were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Relatives told us they thought their family members received the right level of care and support that they required. Comments included, "Staff look after them really well, how they like it," and "They encourage people to take part in activities and things they say they like to do but when it comes to it often they [family members] don't to do it. Staff don't push them, they respect their wishes."
- The service identified people's communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- The care records documented where people had communication impairments, and steps were implemented to ensure information was provided to people in a way they could understand it.

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. Complaints were handled in an appropriate way.
- People and their relatives knew how to raise a concern or complaint or to provide positive feedback to the registered manager about people's experiences.
- Staff knew how to raise concerns or complaints when necessary. They said they thought any complaints they raised would be listened to and acted on in an open and transparent way by management. The registered manager said they would use issues identified in any complaints as an opportunity to improve the service for people.

End of life care and support

- At the time of the inspection, no-one who lived at the home was receiving or required end of life care. The registered manager told us they had just completed relevant training and mentoring on the subject. They said arrangements for people were in progress to help them make decisions about their preferences, in consultation with their families or representatives. We saw documented evidence that supported this.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 18 April 2018. The provider did not always have effective systems in place to monitor the quality of the service. Where issues were found they were not always addressed promptly. At this inspection we found that considerable improvements had been made to the provider's quality assurance processes. Improved auditing systems have been implemented that cover a much wider range of elements of the service. This has helped to ensure a higher more effective level of service provision and where improvements are identified appropriate remedial action is now taken promptly.

We have therefore changed the rating from Requires Improvement to Good.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People told us they knew the registered manager and staff group really well, since most people had lived in this home for more than five years. They said they found staff to be approachable, kind and caring. Relatives told us the registered manager and the staff team were supportive to people. One relative said, "The registered manager seems to be doing a good job. I have always been able to talk with her." Another relative described the registered manager as "honest and plain speaking."
- The registered manager notified CQC appropriately of safeguarding events and other significant events at the home, such as injuries to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The 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. 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 time of our inspection, a manager was registered with us.
- Since the last inspection the provider has reviewed the quality assurance systems in place. They are now revised and updated and cover a wide range of the provider's services. Records we inspected evidenced the new process includes checks on medicines procedures, people's care records, risk assessments, the environment, maintenance and safety checks to do with health and safety practices in the home.
- The registered manager told us they completed a monthly audit which was sent to the regional manager. This was confirmed to us by the regional manager, they told us it enabled them to have oversight of how the

home was running.

- The regional manager told us they visited the service regularly and met with the registered manager and staff to ensure that people were provided with good standards of care and support. They said their report was based on the five key questions used in CQC's inspection approach. Action plans were put in place and steps were taken to implement changes when necessary. We saw documented evidence that supported this. The local authority's quality monitoring team also confirmed this with us.
- Staff were supported to understand their roles through regular monthly staff meetings, formal supervision meetings and annual appraisals with senior staff. Staff told us they discussed policies and procedures and progress or otherwise to do with the direct work they undertook with people living in the home.
- Staff told us they were happy and proud to be working at Scott House. They felt they worked well as a team and were proud of how they supported people to gain as much independence as was possible for them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others.

- In January 2019 the registered manager sought the views of people living in the home, relatives, staff and professionals to monitor the quality of care people received. The results were analysed and the registered manager drew up a summary report. Most of the responses were positive but where feedback suggested improvements were necessary the provider took action to ensure appropriate measures were taken. An example of this was where feedback identified a need for better information about events being held at the home. Feedback also stated that there needed to be more available information on the aims and objectives for the home in the coming year. In response to this the provider agreed to send out a regular six-monthly newsletter containing all the information people requested in their feedback to the recent survey. This meant the provider took appropriate measures to meet the request made in the feedback. We will monitor the overall situation to see if the provider's responses have been effective in meeting people's requests longer term.
- Health and social care professionals told us the staff team and the registered manager worked closely with them in the co-ordination and provision of care for people living in the home. This joint working resulted in improved outcomes for people. For example, where people had support from the community mental health teams and the provider's registered mental nurse [RMN] this has helped improve people's mental well-being.

Working in partnership with others.

- Staff worked in partnership with other agencies. Information was shared appropriately so that people got the support they required from other agencies and staff followed any professional guidance provided.