

Hill Care Limited

# The Laurels and The Limes Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

The Laurels and The Limes Care Home is a care home providing personal and nursing care to up to 88 people. The service provides support to older adults with a range of support needs, including people living with dementia. The service has 2 separate buildings within the same grounds; The Laurels and The Limes. The Laurels predominantly supports people living with dementia. The Limes is the larger building and supports people who require nursing or residential care. At the time of our inspection there were 60 people using the service.

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

Risks to people were assessed, however the records made by staff did not always evidence risks were managed effectively. People received safe support with their medicines and infection risks were mostly well-managed. Staff understood their responsibility to protect people from the risk of abuse.

There were enough staff deployed to keep people safe and staff were recruited safely. The provider used agency staff to ensure there were enough staff on each shift, but this had placed pressure on the regular staff team who had to spend time supporting agency staff to get to know people.

People were not always meaningfully occupied or stimulated. People told us they were often bored as there was not enough to do. Improvements were therefore needed to ensure people consistently experienced a good quality of life whilst using the service. We have made a recommendation about daily activity provision.

People's care plans described people's preferences for receiving care, however their care plans were not consistently updated when people's needs changed. Staff worked alongside the GP and district nurses to manage people's health needs. People received effective support with their nutrition and hydration needs.

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

The provider's audit system had not identified all the issues we found during this inspection. However, some audits completed by the provider and managers had identified concerns and ensured issues were resolved.

We received mixed feedback about the culture of the service. Staff morale was not positive, and most staff told us there were not supported to do their jobs effectively. Staff had not received one to one supervision meetings recently and many staff were not up to date with the training the provider expected them to complete.

People and their relatives had opportunities to provide feedback about the service. Most people were happy with the care they received and felt they could approach the managers if they had any concerns.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Rating at last inspection

The last rating for this service was good (published 25 February 2020).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the key question 'is the service safe?'. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook a focused inspection to review the key questions of 'is the service safe?', 'is the service effective?' and 'is the service well-led?' only. For those key questions not inspected at this inspection, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels and The Limes Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement and recommendations

We have identified a breach of regulation in relation to the provider's governance system. Please see the action we have told the provider to take at the end of this report.

We have made a recommendation about the daily activity provision in the service.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Laurels and The Limes Care 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 4 inspectors 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.

#### Service and service type

The Laurels and The Limes 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. The Laurels and The Limes 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The manager of The Laurels had applied to register with CQC; their application was awaiting assessment. The Limes had a separate manager who planned to register with CQC in the near future.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 7 people who used the service and 4 relatives about their experience of the care provided. We spent time observing the daily life in the service and we looked around the building to check environmental safety and cleanliness.

We spoke with 14 members of staff including the regional manager, the manager of each building, care staff and other ancillary staff. We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and support. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed, however the records made by staff did not always evidence risks were managed effectively. Some people's care plans stated staff needed to complete regular observations to help reduce the risk of them falling, however there were no records to demonstrate these observations had taken place at the required frequency.
- Improvements were needed to the records staff made about the management of pressure damage and the risks associated with this. Staff had not followed guidance in a person's care plan to take weekly photos of a wound, to monitor its progress and ensure it was being managed appropriately. People's care records did not demonstrate staff had repositioned people at the correct frequency to reduce the risk of pressure damage or skin breakdown.
- The provider had not identified these issues during their own audits of the service.

Systems had not been fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service or ensure comprehensive records were made of the care provided to people. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection the provider made changes to the way staff recorded repositioning of people, to make it easier for staff to ensure these records were fully completed.
- Accidents, incidents and untoward events were monitored within the service and by the provider. The manager of each building completed a monthly review of any accidents and incidents, to assess whether there were any trends that required further action or monitoring.

Staffing and recruitment

- There were enough staff deployed to keep people safe and meet people's personal care needs and nursing needs. However, we observed staff were busy throughout the day and moved from task to task to ensure people's needs were met. Staff also told us they had limited opportunities to support people with social interaction or activities to ensure they remained meaningfully occupied throughout the day.
- The provider used agency staff to ensure there were enough staff on each shift to meet people's needs. However, this meant people were not always supported by staff who knew them well. The use of agency staff had also placed pressure on the permanent staff team who regularly needed to support agency staff to get to know people.
- We received mixed feedback from people using the service, their relatives and staff about staffing levels. People told us the staff worked hard and tried their best, however they commented there had been a high

turnover of staff, so they had been supported by lots of different people.

- The provider was proactively recruiting new staff, to reduce the amount of agency staff used by the service.
- The provider used safe recruitment practices when employing new members of staff, to check they were suitable to work with vulnerable people.

#### Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. We observed there were some occasions where staff were not wearing their face masks correctly.
- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the building needed de-cluttering and cleaning.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider facilitated visitors to the home, in accordance with government guidance, so people could maintain their social relationships.

#### Systems and processes to safeguard people from the risk of abuse

- The provider used appropriate systems to safeguard people from abuse. Staff received training about how to safeguard adults from abuse. Managers made appropriate referrals to the local safeguarding authority, when required.

#### Using medicines safely

- Medicines were managed safely. There were systems in place to support people to receive their medicines as prescribed. People's medicines records contained enough information to ensure staff supported them with the correct medicines, at the correct times.
- Managers and staff completed regular audits of the medicines management system. These audits were effective at identifying areas which needed to improve and ensure action was taken to address any issues.
- Staff involved in the management of medicines had been assessed as competent to support people with their medicines.



# Is the service effective?

## Our findings

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Improvements were required to ensure people consistently experienced a good quality of life whilst using the service. People raised concerns about not having enough to do, to keep them meaningfully occupied and stimulated. A person told us they had been informed there was a 3-week activity programme at the service. However, they said since moving into the home, "There have been [no activities]. What is in the brochure is pure fiction." We observed there were significant periods of time during the day when people were not meaningfully occupied or engaged in anything. Another person told us, "I just sit here idly for most of the time."

We recommend the provider seeks advice and guidance from a reputable source, about embedding and sustaining meaningful activity into the daily routines of people using the service.

- People's needs were assessed before they started using the service and the level of care they needed was kept under regular review. However, when people's needs changed, their care plans were not consistently updated to ensure it was clear what staff needed to do for each person.
- People's preferences and choices in respect of the care they needed was recorded in their care plans, to support staff to deliver personalised care to each person. People and their relatives had been involved in care planning when the person's care plan was first developed. However, we received mixed feedback about how well the service involved people's relatives in ongoing discussions about their family member's care.

Staff support: induction, training, skills and experience;

- Staff had access to training to help ensure their knowledge and skills remained up to date. However, a large number of staff had not completed the training the provider considered to be mandatory within the timescale expected by the provider. The manager of each building had taken steps to encourage staff to complete the required training, however this work was still underway at the time of this inspection.
- People and their relatives provided mixed feedback about how skilled the staff were at supporting them effectively. Comments included, "The night staff are extraordinary. They treated my [relative] with so much care. I really can't fault any of the staff", "The staff are first class" and "There has been a high staff turnover and lots of different staff. One or two of them are really good. Some really don't seem to know what they are doing."
- Staff had not recently received regular one to one supervision meetings with their line manager. Some staff told us they did not feel well supported in their roles and did not feel confident that any feedback they shared about the service would be listened to. The managers informed us they were scheduling in regular

supervision meetings with staff.

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

- Various areas within The Laurels looked tired and in need of refurbishment. This had been identified by the provider earlier in the year, however the necessary works had not been completed in a timely manner.
- The Limes had been maintained to a better standard. Corridors were wide and well-lit to support people to navigate around the home safely.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some staff were not clear about the process for ensuring people could access dental support whilst residing at the service. This could have delayed the provision of dental treatment to people who needed it. This issue was addressed following the inspection.
- Staff worked closely with the GP and district nurses to help ensure people's physical and mental health needs were met.

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

- People's nutritional and hydration needs were met. Where people required a special diet, this was catered for. Kitchen staff were provided with clear information about people's dietary requirements and preferences.
- Staff monitored people's weights and dietary intake, if people were at risk of malnutrition. This supported staff to seek guidance from other health professionals in a timely manner, when concerns were identified with people's nutritional intake.
- People told us they were mostly happy with the food provided and commented it had improved in quality over the last few months. People were offered a choice of different meal options each day and had access to a range of drinks and snacks throughout the day.

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 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 MCA. 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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had suitable systems in place to help ensure staff worked within the principles of the MCA. People were asked whether they had appointed someone else to make decisions on their behalf, for example by making a power of attorney. This helped to ensure relatives or friends with lawful authority to make decisions for people were appropriately involved.
- Managers submitted DoLS applications to the local authority to ensure restrictions on people's liberty were correctly authorised. When authorisations were granted or were made subject to conditions, people's

care records were updated.

- Staff understood the importance of supporting people to make their own decisions. They obtained consent from people before they provided any care and support.

# 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 we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider's governance and audit system was not robust enough. Some audits were effective at identifying and resolving concerns. However, other audits had not identified the issues we found at this inspection, such as the issues with risk management records.

The provider's governance system had not been fully established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service or ensure comprehensive records were made of the care provided to people. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a number of changes in management at the service since the last inspection. Each building had a manager who had been working in that role for a few months. Both managers had identified areas in which the service needed to improve and had taken steps to address issues they identified.

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

- We received mixed feedback about the provider and managers, and the culture they created within the service. Some people and relatives told us they could approach the managers and any issues they raised were listened to. Others reported they were not confident in the management of the home.

- Staff morale was not positive. Staff displayed a desire to provide good quality care, however most staff reported concerns about the level of support they received to do their jobs well.

- The provider had a suitable policy in place regarding the duty of candour, however we received mixed feedback from people's relatives about how well the service communicated with them. Comments included, "I am always kept informed" and "The communication is really poor. In fact, there is no communication."

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

- The provider used a range of methods to encourage people to share feedback. For example, each manager arranged residents' meetings where people could attend to share their views. Meetings for people's relatives were also offered.

- Staff had limited opportunities to provide feedback, to help the service improve. Although some staff

meetings had taken place, staff reported they did not feel listened to and most staff informed us the provider and managers were not approachable. As staff had not recently received one to one supervision meetings, they had limited opportunities to discuss their concerns.

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 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	<p>The provider had not ensured there were effective systems and processes in place to assess, monitor and mitigate risks to service users.</p> <p>Regulation 17 (1), (2) (b).</p> <p>The provider had failed to maintain an accurate, complete and contemporaneous record in respect of each service user.</p> <p>Regulation 17 (1), (2) (c).</p>