Mrs J Jobbins

Laurieston House

Inspection report

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Date of inspection visit:
12 October 2018
15 October 2018

Date of publication:
22 January 2019

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Laurieston House 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.

The home is registered to provide accommodation and personal care for up to 12 older people in the main building and in three self-contained bungalows in the grounds. At the time of the inspection eight people were living at the service. People who use the service are referred to as 'residents' throughout the report at their request.

The inspection took place on 12 and 15 October 2018. The first day was unannounced.

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

At the previous inspection on 20 February 2016 the service was rated as Good. At this inspection we found that the service Requires Improvement. This is the first time the service has been rated Requires Improvement.

The service was not always assessing people's capacity to consent to aspects of their care. Although some residents had a diagnosis of dementia, capacity assessments had not been regularly reviewed. No Deprivation of Liberty Safeguards (DoLS) applications had been made despite some residents being deprived of their liberty. Best interest decisions had been made but the documentation in place did not detail how decisions had been reached, whether less restrictive options had been considered or who had been involved in the decision making process. Residents were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice

Quality assurance audits were carried out. However these did not include audits of care plans or mental capacity assessments and DoLS which meant the issues we identified above had not been identified by the provider.

Residents said they felt safe at the service. Staff understood their responsibilities to keep the residents safe. Risk assessments had been carried out. Safe recruitment practise was followed and there was enough staff on duty to meet resident's needs. Medicines were managed safely.

Staff were trained to carry out their roles and had regular supervision sessions. Residents were supported to

have enough to eat and drink. Residents told us the food was "excellent." Residents had access to ongoing healthcare.

The residents told us staff were kind and caring and we observed many positive interactions between residents and staff. There was a relaxed and friendly atmosphere. The registered manager regularly sought feedback from residents.

Care plans were person centred. Policies and procedures did not always reflect current best practise. Residents had access to a range of activities and regularly accessed the local community.

Residents, their relatives and staff spoke highly of the registered manager. The provider's values were embedded in the service.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of the 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?

Good

The service was Safe.

Staff had been trained to keep residents safe from avoidable harm.

Risk assessments were carried out and guidance for staff was clear.

Safe recruitment practises were in place.

Medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not always Effective.

People's capacity to consent to care had not always been assessed and when people did lack capacity to make decisions, best interest decisions had not been made in line with legislation.

Staff had been trained to carry out their roles.

Staff had regular opportunities for support from a supervisor.

Residents were supported to have enough to eat and drink.

Is the service caring?

Good

The service was Caring.

Residents said the staff were kind and respected their privacy and dignity.

Feedback was sought from people.

Is the service responsive?

Good

The service was Responsive.

Care plans were person centred.

There was a complaints procedure in place.

Is the service well-led?

Requires Improvement

The service was not always Well-led.

Quality monitoring did not identify shortfalls in care planning.

Policies and procedures had not always been reviewed.

Statutory notifications had not always been submitted.

Residents, their relatives and staff spoke highly of the registered manager.

Laurieston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 inspection took place on 12 and 15 October 2018 and was unannounced on the first day.

The inspection was undertaken by one adult social care inspector. Before the inspection we reviewed other information we held about the service including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. Due to technical problems, the provider was not able 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with six residents, one visitor, three members of staff, the registered manager, two deputy managers and the care co-ordinator. During, and after the inspection, we received feedback from three relatives and one health and social care professional. We reviewed three people's care plans. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, staff training records, policies, audits and complaints.

Good

Is the service safe?

Our findings

Residents said they felt safe. One resident said, "I feel very safe. I'm okay here." Another said, "Oh yes, I'm safe here." One resident's relative told us, "We feel a lot happier now [they] are here. We know [they] are safe." Another relative said, "Since [relative] moved to the service I have been able to have my life back and not worry unnecessarily for [relative's] health and wellbeing. I know [relative] is in good hands and that if there is anything I need to know about staff will contact me immediately."

Staff had been trained to keep residents safe from avoidable harm. One member of staff said, "Any worries, I would report it straight away."

Staff were familiar with the term whistleblowing and knew how to raise concerns about poor care. Comments from staff included, "I would go straight to [registered manager]" and "If it wasn't sorted I'd report it to [care quality commission]."

Residents had been assessed for the risks of falling, malnutrition and skin integrity. When risks had been identified, the plans provided guidance for staff on how to reduce the risks to residents. For example, we looked at the plan for one resident who had been assessed as having a high risk of pressure ulcers. The plan informed staff of the pressure relieving aids in use and how often staff should support the resident to change position. Position change charts we looked at showed that the resident had their position regularly changed in line with care plan guidance.

The provider had procedures in place to ensure that only suitable staff were recruited. These included inviting them for a formal interview and carrying out pre-employment checks. Within these checks the provider asked for a full employment history, references from previous employers, proof of staff's identity and a satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people.

There was enough staff on duty to meet the resident's needs. The registered manager said there were no staff vacancies and that staff retention was high. This was confirmed when we spoke with staff, some of whom had worked at the service in excess of 20 years. We saw staffing rotas which showed staffing levels were maintained. One resident said, "I've got a buzzer I can press if I need any of the staff. They come quickly." One visiting professional said, "I can always find a member of staff when I visit. I've always thought [the service] was well staffed."

Medicines were managed safely. We looked at medicine administration records (MARs) and these had all been signed by staff to indicate residents had received their medicines as prescribed. Resident's preferences for how they liked to take their medicines had been recorded. For example, "Likes to take tablets from a pot." Some residents had been prescribed additional medicines on an as required (PRN) basis. PRN protocols were in place and were personalised. There was information for staff on when and why residents might require additional medicines and whether they were able to ask for them. For example, one protocol

read, "[Person's name] mainly has back pain." Regular stock balance checks were carried out. All medicines were stored safely, including those with additional storage requirements. When medicines were no longer required they were safely disposed of.

Staff were trained to reduce the spread of infection. Personal protective equipment including gloves and aprons were available for staff to use. The environment was clean and free of odours. The premises were well maintained and safe. Safety reviews and regular servicing of utilities such as electrical checks, regular fire alarm testing and fire drills were carried out.

Incidents and accidents were reported. Action was taken and care plans updated following incidents. For example, one resident had slipped from their wheelchair and the care plan had been updated to direct staff to ensure the chair lap strap was in place and used.

Requires Improvement

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service was not working within the principles of the MCA because resident's capacity to consent to their care and treatment had not been consistently sought. Continuous supervision and control, combined with a lack of freedom to leave the premises unattended, indicated a deprivation of liberty. No DoLS authorisations had been sought by the provider and we were told by a member of staff on the first day of the inspection that this was because, "People have all consented to live here."

Resident's capacity to consent to care had not always been assessed and when residents did lack capacity to make decisions, best interest decisions had not been made in line with legislation. For example, in one resident's plan a do not resuscitate order dated 15 August 2018 stated, "end stage dementia, unable to communicate." The medical professional completing the form had concluded the resident lacked capacity. However, there were no assessments in place to show that staff had assessed the resident's capacity to consent to living at the service. The same resident had bed rails in place but there was nothing documented to show whether they had consented to the use of these or whether less restrictive options had been considered. In another resident's plan, although there was a form signed by them consenting to live at the service, this was dated 2014 and had not been reviewed since. The plan guided staff to, "Seek permission before assisting" and "Actions taken in [person's name] best interests." One resident had best interest documentation in place in relation to the use of a lap belt. The form had not been completed correctly because staff had not documented whether the resident lacked mental capacity to consent. Because capacity assessments had not been carried out in some cases and not been reviewed in others, it was not clear how staff knew whether residents had the capacity to consent or not.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this we heard and saw staff asking residents for their consent prior to assisting them. For example, we heard staff, "Where would you like to sit", "Can I help you with that?" and "Do you need anything?"

Staff were trained to carry out their roles. Records showed staff had completed training such as fire safety, equality and diversity, safeguarding and dementia. Staff we spoke with said they had been trained in the MCA and through scenario based questions demonstrated their knowledge. One member of staff said, "Even if someone has dementia, I offer them choices." Another member of staff said, "I always ask people what

they want. I might ask what colour clothes they want to wear that day and then show them some options." Another member of staff said, "We can ask if we think we need more training. I asked to do more first aid training and that's been provided."

New staff completed an induction period, which included them shadowing more experienced staff before working independently. One member of staff discussed their induction with us which they said was "thorough."

Staff had regular supervision sessions with a line manager. This meant there was an opportunity for staff to discuss their performance, their training needs and access support in their roles. Regular staff meetings took place and annual appraisals were also undertaken. One member of staff said, "They [managers] are checking us all the time, and we can have informal support chats if we need them."

Residents were supported to have enough to eat and drink. They spoke highly of the food. Comments included, "I've never had a bad meal here" and "The food is very good." Residents told us their dietary preferences and requirements were met. For example, one resident said, "I only drink decaffeinated coffee and they always make that for me." Another resident said, "I've got one or two allergies and they always cater to my needs." One resident said, "I live mainly on [food type] and they take that into account. They always ask me what vegetables I want." The deputy manager said although none of the residents had any specific diet needs in relation to their culture, they were able to provide this if anybody requested it.

The majority of residents chose to sit at the large dining table for lunch and the mealtime was a sociable experience. Others chose to eat on their own. Residents were offered a glass of sherry before the meal or a soft drink. We saw that the residents were talking amongst themselves and with staff. Residents were informed what the meal was before they were given it and we heard staff ask, "Would you like parsley sauce with it? Do you want it all over your fish or on the side?" During the meal we saw staff encouraged residents to be as independent as possible. For example, one member of staff said, "I'll put your spoon in your hand and you can help yourself." Adapted cutlery was available. Staff asked if the residents were enjoying their lunch and asked if they wanted some more. One resident's relative said, "I like that everyone sits together at the dining table; it's like a big family."

Residents had access to ongoing healthcare. The service contacted people's GP when required. One relative told us, "If [person's name] is ill, they always call the doctor and then call me to let me know what's happening." One visiting health professional said, "Staff are very good at contacting us for advice and support. If somebody's skin is looking slightly red, they call straight away. I am very confident that staff follow our instructions."

The environment was clean and light. Some residents used the communal areas whilst others chose to remain in their own personal space. One of the residents said, "It's peaceful here. I keep myself to myself. I've got my own things around me" Another said, "I've only lived here [in a bungalow], but it's lovely, just like being at home. It's comfy. I go up to the main house for my lunch and to meet people." There was a pleasant garden that residents told us they had enjoyed during warmer weather. The registered manager told us one resident liked to water the plants and dead head the flowers.

Good

Is the service caring?

Our findings

Residents spoke highly of the staff. Comments included, "The staff are very kind in what they do" and "All of the staff are lovely." Relatives of residents also gave positive feedback, such as, "All of the staff are very good" and, "[Relative] frequently tells me how well looked after [they] are."

We observed positive interactions between residents and staff. Residents were relaxed around the staff and appeared happy. They were smiling and chatting with staff. On one occasion we heard a member of staff say, "[Person's name], there's a royal wedding on today. Would you like to come and watch it with me?" The resident replied, "Oh yes, lets. I like a good wedding." We saw that staff crouched down to to make eye contact when speaking with residents.

The registered manager told us they had recently persuaded one of the residents to go clothes shopping with them. They said, "[Person's name] didn't want to go at first, but I persuaded them it would be fun and we could go for coffee and cake afterwards. They agreed and came along and we had such a good time. We laughed and laughed." They told us they had filmed the resident crying with laughter to show their [resident's] relative. They asked the resident for permission to show us the film and we heard the resident agree. They said, "It's good to laugh isn't it?" The registered manager said, "I showed the film to [resident's relative] and they said they hadn't seen their [relative] laugh so much in ages."

Another relative told us, "If I am working away for a while, I can contact [relative] via the staff who help with the communication. [Relative] is profoundly deaf and can't hear over the phone, but we find ways to communicate thanks to the staff initiative." The registered manager told us one resident's relative would email updates which staff would then read out to the resident as a way of keeping in touch. The relative of another resident stayed for Sunday lunch each week.

Resident were regularly asked for feedback about the service. The registered manager spent time with residents on a one to one basis and as a group to gain this. They said, "Residents told us they didn't want staff wearing uniforms in their home. So we stopped wearing them. On another occasion, they asked for more old fashioned puddings, like milk puddings, so we started making those." We saw records of meetings that showed the residents had been involved in decisions about building self-contained bungalows in the grounds. It was documented that they had enjoyed watching the workmen in action and visits from the workmen's dog.

Staff had been trained to maintain people's privacy and dignity and understood their responsibilities to do this. One resident said, "Oh yes, they always keep my private parts covered up." One member of staff said, "I whisper to people if I think they need to go to the bathroom. I make sure it's a private conversation. And I always tell people what I'm doing and keep them covered up during personal care." We saw and heard staff knock on bedroom doors and wait to be invited in. We were introduced to residents on our arrival so that people knew who we were and why we were there. One visitor said, "The staff are very good at treating people with respect. One person always spills something down their top and staff will always suggest they help them change it."

All of the staff told us they were proud to work at the service. Comments included, "I wouldn't change anything here. The care is really good and the staff really do respect the people that live here" and "This is a home from home for people. We have time for the residents, time to spend with people."

One resident's relative told us, "Choosing a good home was always going to be hard work and emotionally traumatic. All I can say is that I am so very happy [relative] is where [they] are. The staff love [them], [they] are obviously happy to be around them and to feel the love they bring. Quite soon after entering Laurieston House [relative's] behaviour changed from depressed, unhappy, lonely and anxious to a much happier calmer interactive person who smiles so much more. I can't thank the team enough. I don't know what I'd have done without them being there." Another relative said, "I feel that the whole team have both my [relative's] and my well being at heart. [Relative] has told me they never want to move!"

Good

Is the service responsive?

Our findings

Care plans were person centred and contained clear guidance for staff. In one resident's plan it was documented they could sometimes pinch staff and the information for staff on how to manage this was, "Ask [resident's name] why they are upset. If pinched, gently remove their hand and remind them they're hurting you." Another resident needed specific assistance when dressing because of their health condition and this was detailed within their plan.

Plans informed staff to promote resident's independence where possible. For example, one resident had impaired eyesight and the plan described how staff should support them to continue to eat meals unaided. The resident's preferred routines were documented, such as the time they liked to get up and go to bed. One resident said, "I do as much as I can for myself to keep as independent as possible. The staff don't rush me." Another resident said, "The staff know that I want to stay as independent as I can. So, they assist me when I need it."

Relatives of residents told us the staff understood people's needs. One resident's relative said, "Moving my [relative] from the house they had lived in for 50 years was not easy but the staff have been brilliant at understanding both physical and mental well being needs."

Residents had access to a varied range of social activities. There was an exercise class weekly and regular trips out to the local garden centre, shopping, lunch trips and day trips to the seaside. The service had some baby chicks that had hatched recently which residents enjoyed looking at and holding. During the inspection there was a royal wedding taking place which some of the residents were watching. Staff engaged them throughout, asking what they could remember from their own weddings. One of the deputy managers said, "We do cooking sessions with people. We'll be making the Christmas cake and pudding soon, so everyone will join in and give it a stir." Residents had access to local church services if they wished to attend. One visitor said, "[Person's name] enjoys playing games with the staff and [they] help staff to fold the laundry. And they always join in with the singing." Another resident's relative said, "They let [relative] 'look after' a toy dog because that's what [they] wanted. They do trips out and invite residents to be creative with making pictures or being part of a photo montage. They encourage participation but do not force anything."

There was a complaints procedure in place. Residents said they knew how to complain if they needed to. One resident said, "I've never had to complain, but if I did, I'd speak to [registered manager]." Another said, "I did complain once, but it was quickly sorted out and resolved by [registered manager]." One healthcare professional said, "I have no concerns at all. But if I did, I'd speak to [registered manager] or [deputy manager] and I know it would get sorted." The registered manager said no complaints had been received in the previous twelve months.

There were advanced care plans in place. These are plans which detail people's choices about how they would like to be cared for at the end of their lives. The deputy manager said, "Staff come in on their days off to sit with people if the relatives can't be here" and "I think we provide very good end of life care." One

visiting healthcare professional said, "We support the staff during end of life care. People are well cared for here when they're dying." Feedback from relatives confirmed that residents and their families were supported at the end of life stage. A compliment from one relative read, "I think we were so blessed that [person's name] came to you for [their] last journey. The care you gave to [them] and us was exemplary." Another compliment read, "I really think there is nothing you could have improved on and I know I speak for the whole family. You cared for us all with such kindness and sensitivity." One of the deputy managers' said, "One person who'd lived here for a long time sadly died a few months ago. All of us [staff] sat at the dining table with people and said, 'Let's have a drink and raise our glasses to [resident's name]'."

Requires Improvement

Is the service well-led?

Our findings

There were quality assurance processes in place which included audits of medicines, infection control, the environment and 'spot checks' of staff performance. There was a quality improvement plan in place; for example for redecoration of resident's bedrooms. The audit schedule did include a review of care plans, however this was not always effective because some important information had not been identified as missing. Although the plans were person centred and included details of resident's choices and preferences for how they wanted to be supported, some information was lacking. For example, one resident had a urinary catheter in situ, but there was no plan in place to inform staff how to care for this and how to prevent the resident getting an infection. A plan was put in place after we had discussed this with the deputy manager and the care coordinator and we saw this on the second day of the inspection. Another resident was having thickener added to their drinks to aid swallowing and prevent choking. The guidance in the plan was limited to, "Thickener as prescribed." The amount of thickener to be added was not documented, although staff were aware of how much was required.

We saw that concerns about suspected abuse had been reported to the local safeguarding team; however, the provider had not notified CQC in relation to this. Notifications are information about specific important events the service is legally required to send to us. We discussed this with the care coordinator during the first day of the inspection and the notification was subsequently sent to us.

Although the registered manager said incidents and accidents were analysed to identify trends and prevent recurrence this had not always been documented.

The provider had policies and procedures in place which covered all aspects of the service; however, these were not consistently up to date. For example, the provider's whistleblowing policy referred to the commission for social care inspection which was replaced with CQC in 2009.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post who was also the registered provider. 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.

One member of staff said, "I had a spot check not long ago. I wasn't told I was being observed." The registered manager told us, "I cover shifts if needed. Hands on care is so important to me and I can monitor standards. The company vision is embedded in new staff during their induction." The provider's values were rooted in the service. The 'philosophy' statement was on display in the corridor and read, "Laurieston House becomes a resident's home. We are their carer's and also their guests." Staff reiterated the philosophy throughout the inspection. One member of staff said, "If I'm showing potential new residents around, I

always ask people's permission first; this is their home after all." Another staff member said, "This is a homely home." One resident's relative told us, "The staff are very caring and I feel this is very much a culture set by the owner."

Staff said they were well supported by the management team. One staff member said, "[Registered manager] is great. I can go to [them] with any problem. Some bosses are scary, but not them" and "[Registered manager] always asks how I am, how's it going. The managers are all involved on a day to day basis." Regular staff meetings took place and staff said they were encouraged to speak up during these. The registered manager said, "When we have new staff, I always tell them to let me know if they think there is anything we should change to make it better for residents." One member of staff said, "We always get asked in meetings if anyone has ideas of things we could do better." One of the deputy managers said, "Any suggestions for changes, we discuss it as a team. We always involve the team; it's got to be about teamwork."

Residents told us the registered manager was visible and approachable. Comments included, "[Registered manager] is very hands on. They keep track of everyone and are very organised" and "[Registered manager] is in charge. They are very kind and very firm with staff." One resident's relative said, "On all of my visits, all of my questions about [relatives] situation are answered knowledgably, with up to date information." Another relative said, "[Registered manager] is amazing. They have always got time for you and are happy for you to call any time."

The service had good links with the local community. The registered manager said residents were supported to get out and about as much as possible. They said local school children had visited previously and they hoped this would start again. They said, "Some of the staff bring their own children in sometimes to see residents. They might sit and read to the residents or water the garden with them. We get children in at Halloween too, all dressed up. The residents like having the young ones around."

The provider sought feedback from residents, their relatives and from health and social care professionals on a regular basis. One resident told us, "Oh yes, we're asked how things are, anything we want changed." All of the completed surveys we looked at had positive responses. Examples of feedback included, "Could not be better. I'm lucky to live here. It's great" and "It means so much to me and the family to know that [person's name] is so well looked after." One resident's relative said, "If I had to go somewhere, it's a place I would be happy to move into."

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 11 HSCA RA Regulations 2014 Need for consent The service was not working within the principles of the MCA because people's capacity to consent to their care and treatment had not been consistently sought. Continuous supervision and control, combined with a lack of freedom to leave the premises unattended, indicate a deprivation of liberty, and the provider had not applied for this to be authorised under DoLS.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The audit schedule did not include care plan audits, which meant the issues we identified in relation to MCA and DoLS had not been identified. Some care plans did not contain enough information for staff on how to meet people's needs. Statutory notifications had not always been sent to the commission. Analysis of incidents and accidents had not always been documented. Policies and procedures were not consistently up to date.