

Elmcare Limited

Laurel Grove

Inspection report

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Date of inspection visit:
13 December 2023

Date of publication:
25 January 2024

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

Laurel Grove is a residential care home providing accommodation for persons who require nursing or personal care for up to 3 people. The service provides support to younger adults with a learning disability or autistic spectrum disorder. At the time of our inspection there were 3 people using the service.

People's experience of the service and what we found:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: There were shortfalls in safely managing people's medicines; medicine protocols were not in place for the administration of when required medicines. The provider did not always assess risks to ensure people were safe. Staff did not always take action to mitigate any identified risks. Staff were recruited safely and had appropriate training on how to safeguard people using the service.

People's care plans did not evidence involvement of the person. People's likes, dislikes and preferences were highlighted in their care plans. This provided guidance for staff to follow to ensure people's needs and choices were met.

Each person had a communication plan which included information about how people preferred to communicate. Plans contained information in an accessible format.

Right Care: The care people received was person-centred and promoted people's dignity and privacy. People were encouraged to communicate freely and access the community for activities when they wanted to. Staff supported people to maintain important contacts.

People had individual positive behaviour support plans (PBSP) to guide staff when people became distressed or anxious.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service do not support this practice. For example, people's capacity was not always assessed and there was limited evidence of best interest decisions being made.

Right Culture: Staff understood and spoke positively about the importance of person-centred care and helping people to live as independently as they wished.

People were encouraged to share their views of the service.

People were cared for by staff who felt well supported by the managers.

The provider had internal processes in place to drive improvement at the service. A recent internal audit was completed which highlighted key areas for improvement. The registered manager and deputy manager were awaiting the final report.

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

Rating at last inspection

The last rating for the service under the previous provider was Good, (published 24 October 2018).

Why we inspected

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

During the inspection we found there was a concern with mental capacity assessments (MCA) so we widened the scope of the inspection to include effective.

Enforcement

We have identified breaches in relation to medicines, MCA and governance of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow Up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

You can read the report from our last comprehensive inspection by selecting the 'All inspection reports and timeline' link for Laurel Grove 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.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service effective?</p> <p>The service was not always effective.</p> <p>Details are in our effective findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Requires Improvement ●</p>

Laurel Grove

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 team consisted of 2 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

Laurel Grove 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 Grove is a care home without 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 the Care Quality Commission 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 a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). 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 visited the service location on 13 December 2023. We spoke with 3 people who used the service and 2 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager and deputy manager.



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.

Using medicines safely; Assessing risk, safety monitoring and management;

- People were supported to receive their medicines in a way that was not always safe.
- Where people received medicines as and when required (PRN) protocols were not in place. PRN medicines were being administered as a regular medicine which was against the prescribers' instructions.
- Medicine records were not effectively audited and maintained. Records were not kept of medicines being ordered, received, or disposed of.
- People were administered over-the-counter (OTC) medicines. Protocols were not in place and agreement from a health professional had not been sought. The times medicines were given were not recorded. This meant people were at risk of receiving too much or too little medicines within unknown timeframes.
- Risks were not always assessed to ensure people were safe. Staff did not always take action to mitigate any identified risks.
- The provider had failed to take action where risks had been identified. For example, hot water temperatures were monitored monthly. However, a hot water tap found by the provider's checks was hotter than the recommended maximum temperature, and no action was recorded to correct it. This placed people at increased risk of scalds and burns.

The provider had failed to ensure systems and processes were in place for the safe management of medicines and identified risks to people were not always mitigated. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately to ensure the water temperature was regulated to reduce the risk of scalding.

Learning lessons when things go wrong

- The provider did not always learn lessons when things had gone wrong.
- The registered manager and deputy had recently implemented a new process to look at trends from accidents and incidents. This had not yet been effective. For example, records showed an incident of a person attempting to hit another person. This had not been recorded in line with the providers policy and no action had been taken to mitigate future occurrences.

Staffing and recruitment

- The provider ensured there were sufficient numbers of staff. The provider utilised staff from their other care homes to work at Laurel Grove. However, this did not always ensure consistency of care delivery. One staff member told us "There is no core team and it's not working as it should".

- The provider had undertaken DBS checks for staff working in the service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- People were safeguarded from abuse.
- Staff received safeguarding training in line with the provider's policies and procedures. Staff knew how to respond if they suspected abuse had taken place.
- Relatives and people told us the home was safe. One relative told us, "I do feel [person] is safe."
- A person told us, "They do look after me well".

Preventing and controlling infection

- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean throughout, and people's independence was promoted in this area. People were supported and encouraged to complete household tasks.
- A relative told us "It's very clean and tidy there, I think they encourage them to care for their own rooms, it's always clean".

Visiting in Care Homes

- People were supported to have visitors and maintain contact with their friends and families.

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.

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 was not always working in line with the Mental Capacity Act.
- People's capacity was not always assessed and there was limited evidence of best interest decisions being made.
- People's care plans had conflicting information about their capacity to give consent or whether they could be supported to make some decisions.
- Applications had been made to the local authority for authorisations when people needed to be deprived of their liberty to keep them safe. Capacity assessments were not evidenced around these decisions.

The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's needs were not always assessed. For example, a person returned to Laurel Grove after living at an alternative placement for 6 months. This person's needs were not assessed upon admission.
- People's care plans identified people's likes, dislikes, and preferences. This provided guidance for staff to follow to ensure people's needs and choices were met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Records were not always maintained for people's health appointments. People did not have an annual health review with their GP.
- People had care plans in place which informed how they are supported to maintain good health.
- People and relatives told us that they have access to healthcare services and support when needed. One relative said, "It's reassuring to know they are so on top of things".

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- Staff also completed specific training to support people with a learning disability.
- Staff told us that they have effective support for their well-being. Staff had regular supervisions and appraisals.
- A staff member told us "I always bringing suggestions. The [manager] always listens and takes it on board".

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

- People were supported to eat and drink enough to maintain a balanced diet.
- Menus were displayed in the kitchen and staff told us if people did not like what was on the menu, an alternative option was offered.

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

- People's individual needs were met by the adaption, design and decoration of the premises.
- One relative told us, "They provide a family orientated, friendly atmosphere. It's traditional and homely. It's very personal like a real home".

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

- Governance systems and processes were not robust in monitoring the quality of the service. For example, audits had not identified that some first aid equipment had expired.
- The locations management team had not recognised that the provider's policies had surpassed review dates. This meant staff were not working in line with current guidance.
- The registered manager was not based at the service however, there was a deputy manager on site who oversaw the day to day running of the service.

The provider's systems were not robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People and staff were involved in the running of the service and fully understood and took into account people's protected characteristics.
- We received mixed feedback from relatives regarding their involvement in their family member's care. One relative told us, "They've called me for feedback. It was questions over the phone". Another relative told us, "They never ask us for feedback" and "It would be nice though, a phone call or an email just to find out what [family member] has been doing".
- Meetings were held weekly with the people who lived at the service to discuss future plans and make arrangements for upcoming events.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager welcomed feedback and responded positively to any areas of improvement. For example, following the CQC inspection, the management team provided us with assurances of actions taken on the identified shortfalls.
- People were supported to plan holidays. One person was keen to tell us how staff had supported their most recent holiday.

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

- The provider understood their responsibilities under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The registered manager was open and transparent throughout the inspection process.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked in partnership with other health and social care professionals including social workers.
- There was a service improvement plan in place which identified areas of improvement for the service. The registered manager updated this with progress made.
- The provider had recently undertaken an internal audit. At the time of the inspection the registered manager had received initial feedback and was awaiting the final report.
- The registered manager told us meetings took place regularly with senior management to share knowledge and provide oversight.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider had failed to ensure appropriate consent had always been gained. This put people at risk of abuse. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's systems were not robust enough to demonstrate safety was effectively managed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<div>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</div> <div>The provider had failed to ensure systems and processes were in place for the safe management of medicines and identified risks to people were not always mitigated. This was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</div>

The enforcement action we took:

Warning notice