Creative Support Limited

Creative Support - The Laurels (Cumbria)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

The inspection of this service took place on 6 and 7 March 2018 and 6 June 2018. The inspection was unannounced.

At our last inspection of this service we found that the provider was not meeting the legal requirements and was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there were not always sufficient numbers of support staff to meet the assessed needs of people living in the home.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question 'safe' to at least good.

At this inspection we found that there were still insufficient numbers of suitably qualified staff, appropriately deployed, in order to meet the needs of people living at The Laurels. We also found that medicines and risks were not well managed. This meant that the provider had not made the necessary improvements to the key question 'safe'.

The Laurels is a care home but is not registered to provide nursing care. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The Laurels is registered to accommodate 29 older people, some of whom may be living with dementia, in one adapted building. The home is situated in a residential area not far from the centre of Carlisle. Accommodation is found on the ground and first floor of the property, which is accessed by a passenger lift and stair lift. There is a dining room and three lounges, on the ground floor, that give communal space for people to enjoy. There is also a small garden area.

There was a registered manager for the service. 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.

We found that the service did not always manage and administer people's medicines in a safe way. Records were not accurately maintained and we observed some unsafe practices by staff. We reviewed the ways in which the service responded to accidents and incidents. We found that risk assessments and assessments of people's care needs were not accurately reflected, nor did they provide clear guidance for staff to follow. This meant that the service did not consistently protect people from the risks of receiving unsafe care.

The food provided at The Laurels was freshly prepared on site. People were able to choose what they would like to eat at each meal. People who needed help with eating and drinking were not always supported

effectively. Where people had been identified as being at risk of poor nutrition, staff had not always robustly monitored people's body weight or nutritional intake. This meant that accurate information could not be passed on to the doctor or dietician if needed. The provider did not have adapted cutlery and crockery to help people eat and drink more independently. Staff were not effectively deployed at mealtimes and people did not consistently provide the support people needed.

We found that checks (audits) on the quality and safety of the service were not carried out robustly. There were shortfalls in the way the service was led and the provider was not meeting some of the regulations.

There were breaches of the regulations relating to, staffing; safe care and treatment; meeting nutritional needs and good governance.

You can see what action we told the provider to take at the back of the full version of the report.

Although we saw that staff were mindful of infection control risks, there were some aspects of infection control and prevention that needed to be improved at the service, particularly when staff were supporting people with meals. There was some equipment at the home that was used by anyone. The service did not have a robust system in place to ensure these items were properly and consistently cleaned. In between our visits the registered manager had replaced waste bins with a more suitable design to help reduce the risks of contamination.

We have made a recommendation about the management of infection control and prevention.

The provider told us that they intend to upgrade and refurbish The Laurels. However, from the information they provided the improvements were not due to start until early 2019. The home was formerly a large house and therefore not fully adapted as a care home. The provider had plans in place to develop and upgrade the home.

The provider's recruitment process helped to make sure that only suitable staff were employed at the home. There were some gaps in the record keeping but the registered manager addressed these matters straight away.

People were mostly supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service mostly support this practice. Where people's level of capacity had changed, the provider took their previous wishes and choices into account. The service also liaised with the community mental health team. However, where people needed to have their medicines hidden in food (covert administration) the service had not acted appropriately. Most of the staff at the home had not received training with regards to the Mental Capacity Act 2005. There were other aspects of staff training that needed to be addressed by the provider.

We observed that staff treated people with respect and kindness. People told us that they were happy with the staff and that they were treated well. Care records were not always up to date and the service did not always fully support the independence of people living with dementia or sensory loss.
We have made a recommendation about involving people in decisions about their care and support.

We did not receive any complaints or concerns during our visits to the home. The provider had a complaints process in place and people were able to raise matters through this process or directly with the registered manager. The service held residents and relatives' meetings which also provided a platform for people to have their say.

Social and leisure activities at the home were limited. People told us that there were not many things to do. Sometimes external entertainers visited the home and some people occasionally went out. Activities were provided on a 'ad-hoc' basis with no real thought about people's interests or individual needs.

We have made a recommendation about supporting people with their leisure and social interests.

The people we spoke with during our inspection visits thought that the registered manager was approachable and supportive. People were confident that the registered manager would listen to what they had to say.

The provider has developed and interim action plan and has arranged for one of their quality managers to visit the service and review the auditing processes.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

There were not always enough staff available to meet the needs of people who used this service.

Risk assessments were in place. They had not been routinely, reviewed and updated as people's needs changed or when incidents occurred.

Medicines were not administered safely. People were placed at risk of receiving their medicines inappropriately.

There was a staff recruitment programme in place.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had been provided with some training but there were gaps in their skills and knowledge.

There were staff training plans in place.

Staff supervision and support had not been adequately provided by the management team at the service.

People who used the service had not been supported effectively with eating and drinking. This placed them at risk of malnutrition and dehydration.

Is the service caring?

Good

The service was caring.

People who used the service commented that the staff were kind and helpful. However, care and support was not always provided in a person-centred manner.

People who used the service were not always provided with accurate information and explanations about the support provided.

People living at The Laurels, and their relatives, were given opportunities to be involved in their personal care plans and in the way the service operated. However, these opportunities for people living with dementia or sensory loss were limited.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Care plans, assessments and reviews had not been kept up to date in order to reflect people's personal needs and choices.

There were limited opportunities at the home for people to actively engage in meaningful leisure and social events.

The provider had a complaints process in place that people were able to access.

Is the service well-led?

Requires Improvement

The service was not always well led.

Governance and performance management systems were not always effective.

Actions to help bring about change and improvement were not effectively developed and implemented.

The service was not consistently well managed. The standard and quality of care was not assured by the leadership and governance systems in place.

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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.

The inspection took place on 6 and 7 March 2018. The inspection was unannounced. Due to an unavoidable delay in producing our report, and to be fair and proportionate, a further visit was made on 6 June 2018. This visit was to review any actions or improvements the provider may have made following the initial visits in March and was part of the inspection process.

The inspection team consisted of one adult social care inspector 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. The expert by experience had expertise of the care of older people and people living with dementia.

Prior to our inspection visit we reviewed the information we held about the service, for example notifications. A notification is information about important events which the service is required to send us by law. In addition, we spoke with commissioners and health care professionals about their views and experience of the service. We had also received information from four people who shared their views via our website.

The provider completed and returned a Provider Information Return (PIR). We used information the provider sent us in the 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

Some of the people who lived at The Laurels were living with dementia and were unable to communicate with us. However, during the inspection we spoke with 10 people using the service, five of their relatives and friends or other visitors. We spoke with 7 members of staff employed at the service including the registered manager and the locality manager. We also received some comments from health and social care professionals. We reviewed a sample of care records belonging to four of the people who used the service (pathway tracking), observed the care delivery and support provided in communal areas of the home and reviewed some of the records that had been kept about the general operation and safety of the service.

Following the inspection visit we asked the registered manager to send us some information. We asked for copies of some of the provider's policies and procedures including; the safeguarding procedures, medication policy, infection control and the process for obtaining consent. The registered manager sent us this information in a timely manner. We also asked the provider to send us details of the refurbishments planned for The Laurels, which we received.

During our visit of 6 June 2018, we asked the registered manager if they had started to develop an improvement action plan based on our previous feedback. The registered manager sent us a copy of this plan.

Inadequate

Is the service safe?

Our findings

At our last inspection of this service we found that there were insufficient numbers of staff on duty to meet the needs of the people who lived at The Laurels. During this inspection we found that there were ongoing concerns regarding the staffing levels.

The registered manager told us that there was a dependency tool used to help determine the number of staff required at any one time to meet the needs of the people living at the home. The registered manager said that there were times when agency staff were used to cover vacancies and that at times, both the registered manager and deputy manager worked in the home, providing direct care support. At the time of the inspection, the registered manager told us that they were trying to recruit more staff at the service.

We observed that the staff on duty were very busy attending to the various needs of people. At times there was a member of staff on hand in the lounge area to help support and monitor the people who were using this area. However, there were some prolonged periods when staff were not present. On three occasions we had to look for care staff as people were getting into difficulties and needed support.

We also observed that people sitting in the communal areas did not have call buzzers and there were no accessible call points anywhere. We were told that some people had their own personal call bells, but chose not to carry them at all times. We spoke to the registered manager about the call bell system on our first visit to the service and again on 6 June. The registered manager told us that the call bell system was out dated and that the provider was in the process of obtaining quotes for a new system to be installed. The lack of action meant that people remained at risk of harm over a prolonged period.

The staff we spoke with had mixed views about the staffing levels. Three of them commented that the home was often short of staff. One of them commented; "It's brilliant when we are fully staffed, but very tiring and draining when we are not." Another told us; "It's nice here and all the staff help each other. However, it is very stressful when we work short and that happens quite often. The registered manager is trying to recruit staff but it seems there are a lot of staff starting and leaving all the time." A third member of staff that we spoke with said; "There are enough staff, well most of the time, it is a bit tight sometimes though."

We received mixed views about staffing levels from people using the service and their relatives. One person said; "They (staff) come if you ring for them, well eventually." Another person told us about one of the problems that they had experienced with staffing and that this had ended with a good outcome for them. They said; "Well there isn't enough (staff), especially at night, I like to go to bed between 9.30 and 10.30, but it was getting towards midnight. I spoke to the manager and they produced a form stating what times I wanted to go to bed. It has been dated and signed by staff. I am happy with that now."

Two of the relatives we spoke with felt that there were "plenty of staff" and neither had any concerns about this matter. However, another relative commented; "The staffing varies, there could be more really."

These findings demonstrate a continuing breach of Regulation 18 of the Health and Social Care Act 2008

(Regulated Activities) Regulations 2014.

The Provider Information Return (PIR) that had been sent to us by the registered manager recorded that there had been two medicine errors at the home prior to November 2017. A further two errors have been reported to us since that date, including the loss of a quantity of Paracetamol. During our inspection we reviewed the way in which people's medicines were managed and administered. We looked at the medicines records of four people who lived at the home and observed the ways in which medicines were managed and administered. We also reviewed the medicines policies and procedures in place at the service. The local medication policy at the service referred to out of date regulations and we found that staff did not consistently follow the procedures when administering medicines. People did not have a support plan that clearly mapped out the support they required with their medicines, including detailed information regarding the use of 'when required medicines.'

We found that medicines were not managed and administered safely and there were poor recording systems in place. This meant that people were placed at risk of not receiving their medicines as their doctor had intended.

One person was receiving their medicines in food. This person had given consent for staff to manage and administer their medicines. Elsewhere in their care records it had been identified that this person was at high risk of choking. There was no documented information, risk assessments or agreements about administering the medicines in food. The effectiveness of medication may be altered by administering it in certain food products. Neither the doctor or the dispensing pharmacist had been consulted about whether it was appropriate to give medicines in this way.

We found that people were taking 'when required' medicines such as pain killers and antipsychotic medicines routinely and on a regular basis. The registered manager had contacted the doctor about this but had received no response. However, there was no evidence to support that the doctor had been contacted further to arrange a review of these medicines. Contrary to the provider's medication policy, there was insufficient detail recorded in people's care records with regards to the use of 'when required' medicines; for example, situations when the medicine should be administered or offered, guidance for staff with regards to monitoring the effectiveness of the medicine and what to do should the medicine be ineffective. This meant that people were placed as risk of not receiving these types of medicine as their doctor had intended.

We observed a care worker having their medicines administration practice monitored by a senior member of staff. The care worker offered one service user a vitamin drink stating it was orange juice rather than their medicine. We spoke to the senior member of staff about this as this was poor practice. The service user had been misled as to what they were actually drinking and their right to refuse this medicine was compromised.

Following this observation, we also looked at the 'when required' MAR charts. We saw that the care worker had used a piece of paper to write down the medicines administered and was then transferring all of this information onto the MAR charts. The senior member of staff was observing and supporting the care worker with this practice. We also noted that there were gaps in these records from the morning medicines administration. The senior member of staff asked the person who had administered the morning medicines why the records had not been completed. The member of staff replied that they "hadn't had time yet." Staff had not recorded the administration of medication at the time support had been provided, although the policy clearly stated that this should be done. Individual medicine administration records should be completed as soon as possible and before moving on to the next person, to help avoid errors and mistakes.

The practices we observed were poor and raised the risks of medicines being administered incorrectly. The service did not follow the National Institute for Health and Care Excellence (NICE) guidelines for good practice on the management of medicines in care homes. We spoke to the registered manager about these matters at the time of our inspection as they needed urgent attention. The registered manager told us that they were not aware of these issues. They told us that they would review the medication practices and speak with the staff concerned in order to identify where, and what actions would be necessary to improve the safety of medicines management.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a safeguarding process in place. Staff had received training and this was updated on an annual basis. The staff that we spoke with told us that they had never seen any bad practice at the home. They could tell us the process they would follow if they suspected any of the people living at The Laurels were being treated abusively. The provider has an additional system in place, Code Red, to help staff think about their responsibility and duty of care when escalating concerns.

One of the points in the Code Red system encouraged staff to raise concerns if they thought a person's care plan and risk assessments were not being followed. In the sample of care records we reviewed we found that the documents were not up to date and reflective of people's needs. There was no evidence to support that staff had raised this as a concern with the management team. This meant that people were not always safe and protected from the risks of harm or injury.

We reviewed the risk assessments contained in the sample of care records that we looked at during our inspection. We saw that people had risk assessments in place with regards to falling. However, they did not have falls management plans in place even though the risk assessments had identified these were needed. Additionally, we found that risk assessments had not been reviewed and updated following an incident or accident. Reviews help identify any actions that could be taken to reduce the risks in the future. Two people had suffered injuries because equipment had not been used or had not been used correctly. We reviewed the records of one of the people injured. The registered manager told us that the accident had occurred because staff had not used specific equipment. However, there was no indication or information about the use of this equipment recorded in their risk assessment or care plan. The registered manager had addressed this matter by the time we visited again in June 2018 although this had not been consistently applied to other people's risk assessments.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies and procedures with regards to infection control. Staff had received training or were awaiting an update with regards to infection control. We observed staff using good infection prevention techniques when providing personal support to people living at the home. We noted that protective clothing was used and that staff washed their hands appropriately. However, protective clothing was not used during food service. We spoke to the registered manager about this matter and when we visited in June, staff had been provided with tabards (aprons) to use at mealtimes. Unfortunately, they did not use them. We saw from staff meeting minutes that the registered manager frequently reminded staff to use protective clothing appropriately due to the risk of cross infections.

We also saw that in the kitchenette area of the dining room, milk had been left out all morning and jam and marmalade jars left without caps on all day. We noticed that people were not helped or offered the

opportunity to wash their hands prior to or after their meals. This was not good food hygiene practice.

The waste bins in high risk areas such as the bathrooms and laundry were not 'hands free' design. We spoke to the registered manager about this during our inspection in March. When we returned in June we found that the waste bins had been replaced with a more suitable design that helped to reduce the risk of cross infection.

During our walk around the home at our inspection in March, we found that there were toiletries in every communal bathroom. People's personal toiletries should be kept securely in their own rooms. This helps to keep people safe from inadvertently ingesting these items and reduces the risk of cross infection from sharing toiletries.

We observed that the laundry at the home was in a poor condition with leaking pipes, washing and drying machines not fully operational and no sink available for staff to wash their hands. The laundry had limited space and compromised the ability to ensure dirty laundry was separated from the clean. The laundry was due for refurbishment and the registered manager told us of the plans. However, there were no timescales for completion at the time of our inspection.

We recommend that the service consider current guidance on the prevention and control of infection and take action to update their practice accordingly.

The provider had a recruitment process in place. We reviewed two staff recruitment records. Appropriate checks, including criminal records, references from previous employers and employment history had generally been carried out. There were some gaps in the record keeping for example employment histories that had not been checked and alternative referees being contacted. We discussed this with the registered manager at our inspection visit in March. We found that improvements had been made to the recruitment records when we visited again in June.

Requires Improvement

Is the service effective?

Our findings

The registered manager told us that prior to admission, people wishing to use the service received an assessment of their needs. This process was said to include risk assessments, nutritional assessments and assessments related to the prevention of pressure damage to skin. The registered manager said that these assessments were regularly reviewed.

We reviewed the care records of four of the people to help confirm that the assessment documents had been completed, reviewed and updated accordingly. One person's records had not included important information and guidance for staff in order to keep this person safe. We found on our second visit that the registered manager had updated this part of the person's care records to reflect their current needs. However, we found that other people's care records had not been reviewed and kept up to date as their needs changed. One person's records identified that there may be times when two members of staff would be required to support them with their personal care. The record referred to 'when elevated' but there was no information what this term meant or how staff would support this person to help ensure effective outcomes for them. Hospital passports had been included in people's care records. These documents are designed for use when people may have to be admitted to hospital quickly. They should provide staff supporting the person transitioning between services with important information about the person's needs. The hospital passports we reviewed missed out important information about people's risks of falling and the possibilities of them suffering distressed behaviours. Another person had been identified as being at high risk of developing pressure ulcers, but the assessment tool that should have been used to measure the risk had not been completed. There was no reference as to how staff at the home had come to the conclusion of high risk and whether effective systems were in place to help prevent this person from developing a pressure ulcer.

Additionally, the two remaining records we reviewed both had important information missing in relation to managing risks and providing support that met the assessed needs of these people; for example; up to date falls risk assessments and specific risk assessments for the safe use of handling equipment. The lack of information gathered during assessments meant that people's needs could not be effectively monitored and appropriate actions taken to meet changing needs.

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

We looked at the way in which people were supported with their nutritional needs. The lack of detailed assessments of people's nutritional needs and lack of attention to the dining environment meant that people did not always received adequate support with their nutrition and hydration needs.

We reviewed assessments, monitoring records and we observed the service of the breakfast and lunchtime meals. We spoke with people about the food provided at the service. People told us that the food was good and one visitor thought that their relative was, "Well fed."

The records regarding people's nutritional needs and support had been poorly maintained and completed. We found instances of people who had lost weight. Where records stated that people should be weighed weekly or monthly, this had not been done with any consistency. Food and fluid intake diaries had been poorly maintained, it was impossible to tell what and how much someone had eaten or drank. When people had been referred to their doctor or the dietician, there were no records to confirm that the visit had taken place or what the outcome and actions from that visit were. We reviewed these records at our inspection visit in June. We found that nutritional assessments remained incomplete.

We saw that most people had drinks to hand, but not all. Some people needed to be prompted or helped to drink by staff but their approach was not coordinated. This resulted in drinks being spilled or people wandering away without staff knowing what they had drunk. We observed one person in the dining area with poor vision trying to drink their tea with a fork; staff did not notice this until we drew their attention to it. The fork was removed but the person was not offered an appropriate cup that would have helped them drink more independently. During our inspection visits in March we did not see any adaptive cutlery or crockery in use. We spoke to the manager about this during the inspection and when we visited again in June, the manager confirmed that they had ordered adapted cutlery and plate guards. The Social Care Institute for Excellence (SCIE), Dignity in Care guidance, recommends that people should be referred for professional assessment when particular concerns have been identified; for example, speech and language therapy for people with swallowing difficulties, occupational therapy for equipment such as special plates and cutlery, dietician for special dietary needs relating to illness or condition, physiotherapist to assess physical needs and posture.

Though people enjoyed the meal and were able to choose which meal they preferred, the staff were disorganised, hurried and seemingly unaware of what people needed. Cloth tabards were stacked on the side but no one was offered these to help protect their clothing. Staff did not wear aprons or gloves to serve meals and people were not offered the option of washing their hands prior to eating.

One person spilled a drink across the table and we had to find a member of staff to clear this up. Another person who had poor vision and lived with dementia had a meal placed in front. The member of staff said; "Here is your meal (name)" and gave them a fork, then left. This person tried using the fork but kept missing or dragging food forward. The plate eventually fell on the floor and the person started to eat the food on the table with their fingers. Staff did not seem to notice this. We called their attention to it, the first carer gave the person a spoon and went, eventually another carer noticed and came and supported the person with the assistance they needed to eat their meal. Another person at the same table, ate only a few spoonsful of lunch and pushed it away saying, "I don't like lunches."

During the inspection of the service we received some concerning information about people who had been missed at mealtimes and had not received a meal. We were also told that plates were often collected up without staff noting what people had eaten. During our inspection we observed that the plates were gathered up by other people sat at the table and then removed by staff. This meant that staff could not be certain what and how much anyone had eaten for their meal. These matters had also been discussed at a staff meeting in December 2017, but our observations identified that lessons had not been learnt and improvements had not been made.

This is a breach of Regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We did observe some positive areas where the provider helped to meet people's nutritional needs People were able to take their breakfast when they chose and we saw that staff prepared what people wanted at

the small kitchenette (cereals and toast) or brought cooked food from the kitchen. We observed one person looking for a cup of tea to have with their breakfast and another sat with cold porridge and tea in front of them. We saw that when the registered manager noticed these things she asked care staff to bring tea and a fresh breakfast.

Staff told us that people could stay in their rooms for their meals if they wished. Trays were prepared and taken to people who chose to do this. Most people went to the communal dining room for their meals. Staff told us that there was one person who needed 'full assistance' with eating and drinking and that most people just needed 'prompting' to eat.

People were helped to the dining room by staff if needed and sat in friendship groups often helping each other, for example with milk and condiments. One person chose to have a glass of wine with their lunch and there were hot and cold drinks available too.

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).
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We checked the training records of staff working at The Laurels. The information provided by the registered manager showed that two out of 21 staff had undertaken training about the Mental Capacity Act and Deprivation of Liberty safeguards and a further three were booked on a training course. Although staff demonstrated some understanding of the MCA there were gaps in their knowledge. The registered manager told us that the assessment process included an assessment of people's mental capacity. We noted that the assessments had been included in people's care records. Where people's capacity had diminished, we saw that their previous wishes and agreements to care and treatment had been taken into account at reviews. This is good practice.

The registered manager told us that they had made applications to the local authority for authorisations to deprive eight people of their liberty. The outcome of these applications had not been determined at the time of our inspection visits.

The registered manager told us that on commencement of employment all staff underwent induction training. They also told us that there was regular staff training, supervisions and observations of practice. The registered manager showed us a copy of the staff training records and the staff training plan. We found that staff had not been provided with sufficiently appropriate training to help keep their skills and knowledge up to date. There were gaps in the staff skills and knowledge. For example, half of the staff needed to complete their moving and handling training and not everyone, including the registered manager, had completed falls prevention or nutritional awareness training. There were plans in place to help make sure staff were given the opportunities to attend training. However, staff meeting minutes recorded that planned training was subject to change if staffing levels at the home were short.

Although supervisions and appraisals were taking place the registered manager discussed that they wanted to carry out more of them. They had put a plan in place to address this shortfall and the locality manager was monitoring the progress. The plan stated that senior staff would share the responsibility for staff supervision, but there was no evidence to support that senior staff had received training to help ensure they had the necessary skills to supervise staff effectively.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Laurels care home was formerly a private residence and as such the physical environment was not adapted to meet the needs of people using the service, in particular people living with dementia or people with limited mobility. The provider had plans in place to carry out major improvements to upgrade the property and facilities. This included extending the kitchen, replacing and re-siting heating boilers and upgrading the laundry arrangements. We asked the locality manager for further information about the plans. The information we received showed that the refurbishment plans were not due to commence until early 2019.

Good

Is the service caring?

Our findings

The registered manager told us that when staff provided care they used people's care and support plans which outlined their needs and preferences. The registered manager added that the plans helped to ensure the care was person centred and promoted independence, dignity and inclusion. We found that these records were not consistently maintained in an up to date manner and did not always accurately reflect people's current needs. We also found that the service did not promote people's independence, particularly those living with dementia or sensory loss. This meant that the care was not always centred around their preferences.

People were not always supported to be as independent as possible and involved in decisions about their care and support. However, the registered manager told us that they were in the process of obtaining some aids and adaptations and that the home was due for some complex and major improvement works.

We recommend that the service seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their care and support.

The service did not always manage people's personal property and possessions with respect. We found that the service had identified the loss and damage to personal property as a concern. However, we did not receive any complaints about this issue during our inspection of the service. We saw from the minutes of staff meetings, resident and relative meetings that people's personal clothing and belongings had been lost, damaged or not cared for properly by staff. The registered manager had said that spot checks would be carried out and staff had been reminded about their responsibilities with regards to people's possessions and personal space.

During our inspection visits we observed kind, caring and friendly interactions and conversations between staff, people who lived at the home and their relatives. One person told us, "My family come and visit me when they want and the girls (staff) are lovely." Another person said, "Well it is alright here. I'm sure there are worse places. The staff are very nice and do their best." Other people who lived at The Laurels said, "I am very lucky to be here, it's nice and the girls (staff) are very nice. My family comes in when they want, I have no complaints at all, I am very happy here," and, "Well I am fine, it's lovely I get waited on hand and foot."

Relatives and visitors were equally satisfied with the care provided. One relative said, "It's brilliant, I couldn't ask for better." Another relative commented, "Well it's pretty good really, the girls (staff) are nice and I come in when I want." Relatives also told us, "Well it's all very relaxed and my relative is very happy here which is the main thing."

People who used the service and their relatives were involved in the day to day decisions in the home as much as they were able. They told us that the service provided them with information and updates when needed. The service frequently held meetings for people using the service, their families and their friends. A visitor to the home told us, "I live away so they send everything to me and I have had questionnaires to complete." One of the people who lived at the home said; "I go to the resident's meetings but not many can,

they just aren't capable." The registered manager showed us some examples of the meeting minutes. People were able to raise concerns and compliments at this meeting and the registered manager also used this forum to keep people up to date regarding the planned changes and improvements to the home.

The provider had information and policies about advocacy services. They were able to help people obtain an independent advocate if needed and stated that they would work appropriately with advocates wherever possible.

We observed that staff were mindful of people's privacy and dignity. People were supported discreetly to access toilets and bathrooms for example. We overheard staff attending to people in their own rooms asking if they wanted anything else, or what clothes they wanted to wear. We observed that people appeared well dressed and cared for apart from two people who had not had their hair brushed and this made them look unkempt. One relative asked for their relative's top to be changed as it was soiled and had holes in it. A member of staff assisted with this.

Requires Improvement

Is the service responsive?

Our findings

We saw that people living at this service had care and support plans in place. In the sample of care records that we reviewed, we noted that where possible people had been involved in the development of the plan, although some people were vague about the level of involvement when asked. Some of the relatives we spoke with confirmed that they had been involved and had been asked by the service about their relatives needs and preferences.

The care and support plans had not been kept up to date. The plans were focused on care tasks and gave little consideration to the social and leisure aspects of people's lifestyles. This meant that they did not always accurately reflect the current needs and preferences of people using the service. We saw that in some cases people, with help from their families, had completed life story documents, recording their hobbies, interests and information about what their previous lifestyle had been like. This type of information should help the provider to develop an interesting and relevant programme of leisure and social activities for people who live at the service.

During our inspection visits to the home we did not see much to support that people were encouraged to participate in leisure and social activities. We asked people living at The Laurels about this aspect of their lives. One person said; "Things to do? Well no, not really." Another person did not think there was much to do at the home either. When asked if any entertainers came in they said; "We had the man with the creepy crawlies and the birds and the Vicar of St James comes in for communion." When asked what was happening today (the day of the first inspection visit) they replied; "Well nothing I don't think, there isn't usually." Three other people, who were in their own rooms also commented on the lack of activity. One said; "You just please yourself really" and another person told us; "I have got my books and my telly so I'm fine." A third person added; "things to do, well that's the only poor bit, you sometimes get a chap in to do things but not that much."

A relative also commented on the lack of activities at the home. They said; "My relative is still pretty 'with it' but nothing goes on. There isn't much to do and that's the first time I've seen anyone doing that with a patient." (A carer doing a jigsaw with a person who lived at the home.) The NICE quality standard on dementia care states that service providers should have protocols in place to ensure that personalised care plans identify a named care coordinator and address the individual needs of people living with dementia. They should take into account, diversity, life stories and individual preferences, including social and leisure interests.

The registered manager told us that staff organised activities and outings, which both residents and their families could attend. Relatives meeting minutes recorded that there had been a Christmas party and a recent trip to the Cumbria Museum of Life. The registered manager also said that, "Staff do things in the afternoon, if people want, a film or music for example." We noticed that the staff put a film on later in the afternoon and tried to get service users interested in bubbles. The registered manager told us that the way in which activities and entertainments were provided were to be reviewed. They spoke about trying to get volunteers to help with this at the home.

The staff meeting minutes for April and May 2018 identified that activities were lacking and that people had complained that things were not being done. Staff had been instructed to get as many people involved as possible but there was no consideration of working around people's interests or individual needs.

There was an Activities sheet up on a notice board in the reception area, this had three or four booked outside entertainments per month. These were music therapy, zoo lab, colour in care, afternoon tea, entertainers, and a visit from meerkats. We observed that there was a piano in the dining area and shelves stacked with soft toys and 'fiddle' items, games and puzzles, but these were not used. In one sitting room one person started to become agitated and a staff member sat with them. We later saw the person sitting and banging a coaster on a table but none of the 'fiddle' items or games had been offered to distract or entertain them.

We recommend that the service seek advice and guidance from a reputable source about effectively supporting people to follow their interests, encouraging them to participate in social activities relevant to their interests and maintain personal or community relationships.

The service had started to consider the Accessible Information Standard to identify, record, flag, share and meet the information and communication needs of people with a disability or sensory loss. Examples included electronic translation for one person, use of picture cards and the purchase of an I Pad to enable people to Skype their relatives if they wished to do so.

The provider had a robust complaints process in place. There was clear guidance to help people raise concerns about the service if they were not happy. The registered manager told us about the complaints that had recently been received and we reviewed these during our inspection of the service. The complaints and actions taken to resolve the complaints had been documented, although at the time the outcomes of any investigations were unclear. We had since been provided with information that the complaints had now been investigated and closed.

At the time of our inspection there were no people receiving end of life care. However, one person commented that they had been asked about their wishes when they came to the end of their life and we found that half of the staff had received some training to help them support people during this phase of their life.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager at the service. The registered manager was at the home and assisted us with the inspection process.

None of the people who we spoke with commented on the manager or management of the service when asked. Three of the staff commented about the management at the home. One felt that the service was, "Much better since Creative Support took over." Another told us; "The manager does listen to us and is trying her best to get more staff. The manager sometimes works with us providing care." A third member of staff commented; "The manager is approachable and supportive. When things are not right they will come and have a chat with you about it. They don't shout." All of the staff that we spoke with felt that the registered manager would listen if they needed to discuss things.

The registered manager told us that staff supervision was not completed as often as it should have been.

The registered manager told us that they carried out monthly reviews of accidents, incidents, complaints and safeguarding to help identify trends and learning points for improvements. We had received a high number of accident and injury reports from the service, mostly relating to unwitnessed falls. We found that all of this information had been recorded at the service but it had not been appropriately analysed to help identify areas of improvement and to help mitigate any further risks of harm or injury to people using this service.

We noted that audits (checks) of medicines and records had been carried out, but these checks had failed to identify the discrepancies and concerns we had found during our inspection. Important information about people's care and support needs was either missing from their records or was out of date. The registered manager's checks had failed to identify these shortfalls.

We found that the service had links with the community mental health team, community nursing service and with the local social work team. This helped to make sure people could access health and social care services when needed. Although we saw few links with the local community with regards to social and leisure activities, the provider told us that the home had links with the catholic priest and that people were assisted to attend a stroke club and other activity clubs; for example the bluebird club.

The service was visited by a senior manager at least monthly. We reviewed a sample of their monthly visit reports which were given to the registered manager. The reports included reviews of staffing, quality monitoring and information relating to people who used the service. Where shortfalls had been identified, actions for the registered manager to take had been recorded and followed up at the senior manager's next visit. However, these checks had also failed to identify and address the issues found during our inspection of the service.

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

The provider had policies and procedures in place to help ensure staff worked safely and in line with the expectations of the service. However, the policies we reviewed did not always reflect current legislation or best practice guidance. We asked the registered manager how staff were made aware of policies and procedures. We were told that staff had access to them at the service, that they were sometimes discussed in staff meetings and that staff were also sent copies to read. There were no checks in place to make sure staff understood the policies and worked in line with them. This meant that the service could not be sure staff worked safely or met the expectations of the service provider.

The registered manager had started to develop a folder of information and evidence to help demonstrate what the service did to be compliant with the Regulations. This evidence folder was based on our Key Lines of Enquiry (KLOE). These are prompts which help us assess the quality and safety of services.

Following our inspection, the registered manager and locality manager sent us an interim action plan outlining the actions they were taking to make improvements. The action plan stated that the provider's Quality Manager would be carrying out a quality check of the service, focusing on the current auditing processes and any improvements required in order to ensure the auditing processes were fit for purpose.

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 12 HSCA RA Regulations 2014 Safe care and treatment People were not adequately protected from receiving unsafe care, treatment and preventable harm. People did not always receive their medicines safely or as their doctor intended because the home was not clear about its responsibilities in relation to medicines. Important information in relation to managing risks and providing support that met people's assessed needs was missing from their personal records.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The lack of detailed assessments of people's nutritional needs and lack of attention to the dining environment meant that people did not always received adequate support with their nutrition and hydration needs.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems and processes used to monitor and assess the quality and safety of the service were not effectively implemented. This meant that the provider had no way of accurately checking that they were keeping people safe or

meeting the requirements of the regulations.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were an insufficient number of suitably qualified and skilled staff deployed in order to meet the assessed needs of people using this service.