North London Care Services Limited

Laurel House

Inspection report

25 Heene Road
Enfield
Middlesex
EN2 0QQ

Tel: 02083662957

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service:
Laurel House is a residential care home providing personal care and accommodation to up to five people with a learning disability and/or autism. At the time of the inspection there were five people living at the service. The home is on a residential street in a community setting and designed to promote people's inclusion and independence.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:
People and their relatives told us the staff were kind and caring to them, and the registered manager and staff understood, and could meet their needs.

There was a person-centred culture at the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People enjoyed personalised activities in the local community.

Care records were up to date and risk assessments provided staff with enough information to manage identified risks. Staff understood people's needs and preferences and were able to work safely with the range of risks presented. Staff recruitment was safe and there were enough staff to meet people's needs and provide flexible, responsive care.

People were supported to access external health professionals to help promote good health and wellbeing. We received positive feedback from health professionals who worked in partnership with the service.

People were safeguarded against the risks of abuse and harm by the systems and by the staff.

Relatives and professionals spoke highly of the registered manager, and staff told us they were supported effectively in their role through supervision and training.
Quality audits took place to ensure medicines were safely managed and the service provided was of a good standard.

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 was good (published 2 August 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-Led findings below.

Laurel House

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
Laurel 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We phoned the service the evening before arriving to make sure staff and people living at the service would be in.

What we did before the inspection:
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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. This information helps support our inspections.

During the inspection:
We spoke with three people who lived at the service, although one person was not fully able to engage with

us.

In addition to talking with people, we spent time observing the daily activities at the service including lunch and we looked around the building to check the service was safe and clean.

On the day of the inspection we spoke with two care staff and the registered manager.

We reviewed a range of records. This included two people's care records, two medicine administration records (MAR) and checked stocks of two medicines match records. We looked at two staff recruitment files and supervision records. We also checked documentation related to quality audits, building and fire safety maintenance checks. There had been no complaints in the last 12 months; we checked incident records related to people's behaviours and the actions taken following these.

After the inspection:
We asked for training records for the staff team. We also spoke with two family members and received feedback from one health and social care professional.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us "Yes I feel safe" and we could see from records and talking with staff people were protected from the risk of harm, abuse and discrimination. A health and social care professional told us a safeguarding incident in the last year had been dealt with very openly and "promptly and thoroughly."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse and they knew how to whistleblow.

Assessing risk, safety monitoring and management

- Risks assessments were up to date and provided guidance in a range of areas including people's behaviours; risks in the community and in the kitchen, as well as for personal care and medicines.
- People were well supported and the service ensured people went out most days to access the community and participate in hobbies and interests safely.
- Safety checks of the building and equipment, including fire safety equipment took place regularly. Fire drills were completed monthly.

Staffing and recruitment

- There were enough staff to meet people's needs and additional staff were rostered when required to support people with either hospital or community activities.
- Staff told us there were enough staff to care for people and they had no concerns.
- The service followed safe recruitment procedures to help ensure staff were of suitable character to work with vulnerable adults. Appropriate checks and references were in place prior to staff starting work.

Using medicines safely

- Only experienced staff gave people medicine. We checked stocks against records and found they tallied. They were checked at each shift for accuracy. Body maps were used to indicate where to apply creams and there was advice for staff for PRN, 'as needed' medicine when this was required.
- Staff received training in the giving of medicines and had their competency regularly assessed in line with best practice.

Preventing and controlling infection

- The care home was kept clean, food was stored safely and hygienically and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately to prevent the risk of cross infection.

Learning lessons when things go wrong

● We saw from incident logs the actions taken by the service and the registered manager was able to show lessons learnt and these were recorded, to minimise reoccurrence of incidents.
● We could also see that mental health professionals were involved appropriately, and relevant people were informed of more serious incidents.

Good

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 the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with guidance standards and the law
- The registered manager assessed people's health and care needs to ensure they could be met by the service. The registered manager included the person, family and professionals who were familiar with the care needs of the person.
- The registered manager was working to deliver care in line with guidance standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:
- The service worked with mental health professionals to meet the needs of the people at the service. We received positive feedback from health professionals. One person's mental health had deteriorated in the last 12 months, and the service had needed to work creatively to manage these needs.
- There was very detailed information on how to support one person's mental health with 'green, amber and red' strategies for staff, so they could understand how best to prevent escalation of this person's agitation.
- Care records showed people's appointments took place with people supported for regular blood tests and other periodic visits to the local hospital, GP or dentist. Relatives told us they were kept "fully informed" of their family member's health needs and issues as they arose.
- Care records had detailed information for staff on people's specific conditions which included symptoms to look out for.
- Detailed information about people's needs and communication was available to accompany people to hospital to ensure they accessed health care most effectively.

Supporting people to eat and drink enough to maintain a balanced diet
- People needed the support of staff to prepare their meals. People were offered choices of meals and care records set out people's favourite meals. We asked people their favourite meals. One person told us they liked sausages and told us "Yes, I get sausages."
- The menu was changed regularly and people were consulted. We saw people's lunch on the day of the inspection, which was healthy and which people appeared to enjoy. People were shown choices of meals.
- People's weight was taken monthly as was their blood pressure. This information was periodically given to the GP who could use this information to check on people's well-being.
- Some people's fluid intake and everyone's bowel movements were monitored due to specific health conditions.

Staff support: induction, training, skills and experience

● Staff received a detailed induction which involved shadowing experienced staff and training in key areas including fire safety, safeguarding and infection control. Staff were being encouraged to complete nationally recognised qualifications in care, and for people who had completed these some time ago, they were completing the Care Certificate. This is a qualification which with an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The registered manager viewed training as essential and was keen to develop staff.
● Staff told us "I really enjoy working here" and "I am clear of my role here, so there's no confusion in how to meet people's needs. That's all down to registered manager. All training is available; it's up to us to push ourselves; we can do training at home or here. The registered manager has facilitated it and encouraged us."
● Staff told us they were well supported by the management team. Feedback included "Whole staff team are working together."
●Staff supervision and appraisals took place regularly and staff told us this was helpful for them. Refresher training took place and staff had been trained in a broad range of areas including working with people with behaviours that challenge, and epilepsy management.
● The registered manager told us they were planning relationship training for staff, and was upskilling new staff on the job, by working alongside them. People had received training in supporting people with oral health and further training was planned.
● Relatives and health and social care professionals praised the skills of the staff. One relative told us their family member had made a "big improvement" since moving to the service.

Adapting service, design, decoration to meet people's needs
● The home was suitable to meet the needs of people living there.
● There was a garden which people could sit out in. It was well kept. One person told us "I like being in the garden."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.
● People's rights were protected. There were DoLS applications in place, with other assessments pending. Everybody's liberty was restricted through DoLS. The registered manager had a system to prompt renewals.
● The service had installed CCTV in the communal areas in the autumn of 2019 and whilst the registered manager had the permission of the relatives and had talked with the people living there, this was not currently included in DoLS assessments. The registered manger told us they would ensure this was addressed at future assessment.
● Staff were able to tell us how they sought appropriate consent to care prior to carrying out any tasks, and knew people well, so even without verbal or through limited communication, consent was sought. For example, staff told us. "If I ask [person] if they would like to have a shower, [person] either gets up immediately and gets his things or doesn't move. Likewise, with going out, and getting his coat."
● Staff had completed training in the MCA.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us staff were kind and caring to them. We also saw this on the day of the inspection.
- Staff were able to tell us how they supported people, some of whom had specific routines they followed. This put them at ease and helped establish a calm atmosphere at the service.
- Staff supported people to have friendships and family members were very involved with people at the service.
- People did not have any specific cultural or religious needs to be met at the service, but staff were able to tell us how they would support people if they did, and care records noted people's cultural and religious backgrounds. One person was interested in developing intimate relationships and the staff were able to talk about this and to support them in their role, further training was planned.

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

- People had not routinely signed their care records. This was partly due to their inability to understand the process. However, relatives were involved in decisions regarding people's care needs on a regular basis.
- Care records outlined some people's routines as not all the people were able to verbally give this information. This provided insight into people's pleasures and triggers for anxious behaviours. For example, one person was fearful of dogs and crowds, another needed to go out walking daily for their well-being. By understanding people's needs their independence was promoted.
- People were asked at monthly key worker meetings their views and on a daily basis were involved in day to day decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- Staff told us they showed respect to people "I knock before going into their room. If going to shower them, I make sure the door is closed. Communication is important; I have a good chat."
- Staff encouraged people to do things for themselves. For example, one person helped with their laundry by putting it away. We saw people encouraged to empty the food off their plate into the bin and put their dishes in the sink. Staff told us "I show them. For example, with personal care I encourage people to try brushing their teeth. I help by saying let me show you how, encourage them."
- People's care records highlighted what they could do for themselves.
- People's rooms were personalised, and items and photos showed their interests and hobbies.
- The service ensured people's care records were kept securely. The language used in daily notes and care

plans was respectful and was written in a positive manner. Information was protected in line with General Data Protection Regulations.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

The service was tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care. The values that underpin Registering the Right Support were seen in practice at this service. There was clear evidence that the core values of choice, promotion of independence and community inclusion were at the centre of people's day to day support.

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

- Although there had been staff changes in the last year, the registered manager had been in post for many years and knew people's needs well. They were supporting staff to get to know people's preferences and likes. This was particularly important as the majority of people had limited verbal communication skills.
- People's care records covered a broad range of needs including personal care, mental health, safety and health needs. They were updated monthly and then six-month summaries were in place so staff and professionals could review people's health and well-being, and could provide information as required to health and social care professionals.
- People's backgrounds and personal histories were on records, as were their routines and favourite foods and interests. This showed the service was personalised.
- People and their relatives told us they were happy with the service. "I have no worries and would recommend the service."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to live active lives, and within the constraints of people's particular medical conditions and behaviours, the service worked hard to enable people to go out for activities and to get fresh air and exercise.
- For example, one person enjoyed going bowling and eating out, another was an ardent football fan and attended a drama group. Another person had a highly developed interest in a particular TV character and watched these programmes, had their room filled with memorabilia and visited shops across London to further this interest.
- People and their relatives told us they enjoyed their hobbies and interests. One person told us "I like Tottenham football."
- People's families were involved in their lives and were encouraged to do so. One relative told us they were always made welcome when they visited.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place, there had been no complaints in the last year. We asked people what they would do if they were not happy. One person told us "I would talk with my family."

● Staff who were were keyworkers to people met with them monthly to review how they felt, as well as planning what they wanted to do. Part of this role was to make contact with family members to update them on people's well-being and to facilitate good communication. Relatives told us "[Registered manager] keeps me informed all the time" and "[Registered manager] is very agreeable to sorting things out."
● Health and social care professionals confirmed that the registered manager was "very responsive" and dealt with issues promptly.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● People's care plans set out how best to communicate with people.
● Staff understood people's communication needs and methods, and we saw this on the day of the inspection. Staff told us "We build relationships, a lot of it is about body language. We will talk and [person] may give one word answers. Eye contact is important. Also we know, by refusing to do something, by their action."
● The service was compliant with the Accessible Information Standard.

End of life care and support
● There was no one receiving end of life care at the time of our inspection. The service had started to discuss people's end of life wishes with their families and clarified lines of responsibility for people without close family members. This meant that the service was planning in advance and that people's wishes and those of their family were set out to be respected.
● The registered manager told us they would set out people's needs in an end of life care plan should the need arise. There was end of life training for staff as part of a new training package.

Good

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Despite a number of staff changes and a serious deterioration in one person's mental health in the last 12 months, the registered manager and the staff team were providing good quality care to people. The registered manager had a very 'hands on' approach so their active involvement and ability to act as a member of the care staff had meant there was continuity for people and support for new staff in their caring role.
- Staff were regularly supervised and training was considered a priority by the manager. This showed the registered manager's investment in the staff team and of the care provided to people.
- Staff understood their role and told us the registered manager was always available to provide support 24 hours a day.
- Audits took place at the service. These included medicines, infection control and health and safety. The registered manager was clear about their responsibilities and regulatory requirements
- Relatives and health and social care professionals spoke well of the management of the service.
- We had no concerns regarding the transparency of the service as staff were open with relatives and health professionals if any issues occurred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others;

- The registered manager and staff team demonstrated a commitment to providing person-centred, good quality care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements. There were examples of people involved in meaningful social and cultural activities.
- Health and social care professionals told us the service were organised and prepared for their visits and they spoke positively as staff took on advice offered. Relatives told us they would recommend the service to other people.
- We saw from records and feedback there were close working relationships with health and social care professionals. This meant people were supported to maintain good health outcomes and to live active lives.

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

- The service worked closely with people, their families and friends and other health and social care

organisations to provide a quality service and to ensure people they supported were safe.
● Staff were aware of and confident to talk about supporting people from a range of cultural and backgrounds.
● The service gained the views of the people they supported, families and health and social care professionals they worked with through a mixture of key worker meetings, review meetings, and informal discussions with relatives and health professionals.
● The service and staff team was small. Staff told us they were able to contribute their views and staff meetings took place regularly so staff could discuss people's needs and well-being, and keep up to date with best practice. Staff were required to attend meetings a minimum of once monthly.
● We also saw that handover information was formally documented as were shift planning schedules to aid communication within the staff team staff views were valued and they could influence the way the service was run. The management team used staff meetings, and staff handovers, to discuss issues as they arose.

Continuous learning and improving care
● We could see actions taken following incidents to aid future learning.
The registered manager also told us that following a period of staff changes in personnel over the last 12 months, they had introduced a system for staff to give regular feedback on what was working and not working in their role. This enabled the registered manager to support staff and help improve the caring role.
● The registered manager had a plan to make further improvements to the service over the coming 12 months. This included expanding quality audits and additional training for staff.