

Methodist Homes

Laurel Court (Didsbury)

Inspection report

1a Candleford Road
Didsbury
Greater Manchester
M20 3JH

Tel: 01614462844

Date of inspection visit:
30 October 2017
31 October 2017

Date of publication:
04 January 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 30 and 31 October 2017 and was unannounced.

Laurel Court (Didsbury) 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.

Laurel Court (Didsbury) accommodates up to 91 people in one adapted building. At the time of our inspection there were 85 people living at the home. The home provides both residential and nursing care to older people and people who are living with dementia. Accommodation is provided across four floors, which are referred to as 'households'. The ground and first floors provide residential care to people living with dementia. The second floor provides general residential care, and the third floor provides nursing care for up to 20 people, with two places for people receiving residential care. The provider had decreased the number of beds they allocated for nursing care since our last inspection.

We last inspected Laurel Court (Didsbury) in June 2016 when we rated the home requires improvement overall, and identified one breach of the regulations in relation to managing the risks relating to infection control. Following the last inspection we asked the provider for an action plan to tell us how they would make improvements to meet the requirements of the regulations. We found the provider had followed their action plan and was meeting the requirements in relation to this breach.

At this inspection we identified breaches of three of the regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the assessment and management of risk to people's health and wellbeing, providing adequate numbers of staff and good governance. You can see what actions we have told the provider to take at the back of the full version of this report.

People living at Laurel Court were generally satisfied with the care they received and they spoke positively about the caring nature of staff. However, we also received consistent reports from people living at the home and staff members that there were not sufficient numbers of staff on duty. This had a direct impact on the ability of staff to deliver person-centred care, and people commented that there could be delays in receiving support to eat meals or being assisted to get up in the mornings.

Staff had assessed risks to people's health and wellbeing. However we found two instances where risk assessments had been completed incorrectly, which had the potential to impact on the safety of the care people received.

Staff recorded any accidents or incidents that occurred, and we saw there were robust processes in place to help the registered manager monitor the incidence of any accidents, incidents, weight loss or other factors that might put a person at risk of harm. We saw appropriate actions had been taken in response to any concerns, such as putting in place appropriate equipment including falls monitors. Staff had also made

referrals to specialists such as physiotherapists, dieticians or speech and language therapists where further input or advice was needed.

Medicines were managed safely. We saw they were stored securely and that staff had the information they needed to enable them to administer medicines safely.

We observed most areas of the home to be clean and tidy. However, carpets and furniture in the ground floor household were heavily stained. The registered manager had updated an action plan they had received following an amber RAG (red, amber, green) rating from an audit by the community infection control team in June 2017. Most actions had been completed, and the registered manager told us the final actions would be completed as part of a forthcoming refurbishment.

Staff had completed training in a variety of topics relevant to their job roles. However, we found they had only received basic training in dementia care. There had been adaptations to the environment to make it more 'dementia friendly' on the households that provided support to people living with dementia.

We received mixed, but generally positive comments in relation to the food provided. However, staffing levels meant people were not always supported to receive their meals at the times they preferred.

Staff were aware of the principles of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), and the provider had made DoLS referrals to the local authority as required. Where people lacked capacity to make decisions themselves, we saw staff had recorded best interest decisions in most cases. However, we found a number of people's bedroom doors were locked when they were sat in the lounge, which staff told us was at the request of relatives. There was no evidence this potentially restrictive practice had been considered in relation to best interests and there was no record relating to this practice in people's care files or DoLS applications.

The registered manager told us that use of agency staff had decreased, which was confirmed by people we spoke with living at the home. People told us they had developed positive relationships with staff members, and we saw people were comfortable in the presence of staff. People told us staff respected their privacy and treated them with respect. Staff involved people in their care as far as was possible.

Care plans were detailed and contained the information staff needed to meet people's needs in accordance with their preferences. Care plans had been reviewed monthly, and staff were aware of people preferences and needs as detailed in the records.

The home had been without an activity co-ordinator for several months, which had affected the provision of activities. However, a new activity co-ordinator had started the same week as our inspection, and the chaplain employed by the home also supported activities, including a poetry group and church service. We saw activities provided by external groups taking place during the inspection, such as an exercise and music group.

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

The registered manager told us they were well supported by the provider. People living at the home told us the registered manager was approachable, and that they felt comfortable approaching them with any

concerns they might have.

The provider had an extensive range of audits and quality assurance checks to help monitor the safety and quality of the service. We found the provider had acted on feedback from relevant persons to make improvements to the service. However, these systems had not ensured the provider was meeting the requirements of the regulations or that the home improved its CQC performance rating from requires improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Sufficient numbers of staff were not being deployed. This had an impact on the care people were receiving.

The provider had assessed risks to people's health and safety. However, these had not always been completed accurately, which increased the likelihood of risks not being properly controlled.

Staff had identified and reported safeguarding concerns to the local authority and CQC as required. Accidents and incidents were monitored and appropriate actions taken to reduce the risk of harm occurring.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

We received mixed, but generally positive feedback about the food. People's dietary needs and preferences were catered for. Some people complained that they did not receive timely support with meals due to staffing pressures.

Staff understood the principles of the Mental Capacity Act. However, it was not clear that decisions to keep people's bedroom doors locked during the day had been taken in people's best interests.

Staff received training in a variety of topics relevant to their job role. Staff told us they found the training was sufficient, and people we spoke with told us they found regular staff to be competent.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff were aware of people's social histories and preferences as recorded in their care plans.

Good ●

People told us staff were kind and hardworking, although staffing levels impacted upon the time staff could spend with people.

People told us staff respected their privacy and supported them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive

Care plans were personalised and detailed. They had been reviewed on a monthly basis.

A range of activities were offered to people. However the provision of activities had reduced whilst the home was in the process of recruiting a new activity co-ordinator.

The home had a complaints policy that was clearly displayed. People felt comfortable raising any concerns they had, although not everyone we spoke with considered effective action was always taken in response to complaints.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

There was an extensive system of audits and quality checks in place. Action plans were produced in relation to any issues identified, which were followed up by the registered manager.

The provider had not ensured the service was compliant with the regulations, and they not enabled the home to improve its' performance rating.

Staff were generally positive about their job roles and the support they received. However, some staff also felt pressures relating to staffing levels had resulted in some staff leaving employment with the service.

Laurel Court (Didsbury)

Detailed findings

Background to this inspection

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

This inspection took place on 30 and 31 October 2017 and was unannounced. The inspection team consisted of three adult social care 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.

Prior to the inspection we reviewed information we held about the service. This included previous inspection reports and notifications the service had sent us about safeguarding, serious injuries and other significant events. We reviewed any feedback we had received about the service from members of the public and other professionals and also checked feedback that had been left about the service on public web-pages. We used information the provider sent us in the Provider Information Return to help plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from Manchester City Council quality and contracts monitoring team, Manchester Healthwatch, Manchester clinical commissioning group (CCG) and Manchester's infection control team. We received a response from the infection control team who shared a copy of their most recent audit of the service. We have discussed this further in the safe section of the inspection report.

During the inspection we spoke with 25 people who were living at the home and eight people's friends or relatives who were visiting. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 staff, including the registered manager, seven care staff, two registered nurses, the cook and the activities co-ordinator. We also spoke with two district nurses who were visiting the home at the time of our inspection. We reviewed records relating to the care people were receiving. This included records of medicines administration, 13 care files and daily records of care. We carried out observations of staff

support and care in communal areas of the home.

We looked at records relating to the running of a care home, including: records of audits and quality assurance, four staff personnel records, records of training, supervision records and records relating to the servicing and maintenance of the premises and equipment.

Is the service safe?

Our findings

At our last inspection in June 2016 we found clinical waste was not always handled appropriately to help reduce the risk of the spread of infection. We found this to be a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Whilst further improvements were required in relation to infection control, we found sufficient improvements had been made.

The service had been inspected by the local authority's community infection control team in June 2017. At that time the service received a score of 78%, which equated to an amber rating on the red, amber, green (RAG) rating scale used. The registered manager showed us an updated action plan that was put in place following this inspection. This action plan showed a large number of actions had been completed, including actions to identify infection control leads and to provide further staff training in infection control. The registered manager told us the remaining outstanding actions would be addressed as part of a planned, forthcoming refurbishment.

People we spoke with told us the home was kept clean and tidy and we saw domestic staff were on duty during the inspection. From our observations, most of the home was clean. However, we found the carpet and furniture on the ground floor household were heavily stained. We also found there was a gap at the edge of the flooring in the kitchenette on the first floor household, which had prevented effective cleaning. The home last received a food hygiene rating in September 2017 when it was rated three out of five, 'generally satisfactory'. We did not see any instances of clinical waste being stored or handled inappropriately and judged that the provider was now meeting the requirements of the regulations in this area.

The registered manager told us Methodist Homes used a baseline staffing ratio as a guide for determining required staffing levels. This was one member of staff to five people living in dementia and nursing homes and one member of staff to eight people living in residential care homes. Our review of the rotas indicated staffing ratios across the whole home were between one to five and one to six during the day in the month prior to our inspection. The registered manager told us this ratio was then adapted depending on the needs of people living at the home. We saw staff assessed people's dependency, which was collated by the registered manager. The registered manager told us they used this information in conjunction with feedback from staff and people using the service to help determine how many staff were required to meet people's needs. We saw feedback from staff at team meetings where concerns in relation to adequate staffing levels had been raised. The registered manager told us in response to this they had increased staffing levels on the second floor household. They also told us they were able to use staff flexibly throughout the home, as support from staff from the ground floor household was often available as this was a smaller household of 12 people.

However, when speaking with staff and people living at the home a recurrent issue raised with us was in relation to staffing levels. People told us the availability of staff sometimes impacted on the time they received their breakfast and other meals, the support they received during mealtimes and the timeliness with which staff responded to call bells. Comments made included, "There aren't enough staff. When I go for a meal I sometimes have to wait 45 minutes because they are sorting people out in their rooms. The staff are

run off their feet", "The staff are good, but there are not enough... I like to be up and ready for about 9:30am, but sometimes it is 10:30 and when I get to the dining room they have stopped serving breakfast or I have to wait about 20 minutes as they are busy elsewhere", "The response isn't bad but I think they need one more staff member on duty. You have to wait for meals and sometimes it can be lukewarm" and "The staff are good but they need more, especially in the morning because they're so busy and [person] had to wait for their breakfast. Last month there was a day there were only two staff on duty [on that household]." One person told us staff should have supported them to go for a daily walk as advised by their doctor and physiotherapist, but this had not been consistently maintained due to pressures on staff time.

Staff told us shifts were not always covered when staff were off work and that they were not always able to get agency staff to help cover. Staff told us the day prior to our inspection, there had been two fewer staff than expected on the third floor due to staff reporting in sick. The night prior to our second day of inspection, staff also told us they had been one staff member short due to not being able to find agency cover, which was confirmed by the registered manager. Staff told us they found it hard to meet people's needs when staffing levels dropped below the usual level. They told us if shifts were not covered then this affected the delivery of person centred care; for example they weren't always able to support people to get out of bed in the morning at the times they preferred, to eat meals in a timely way or have a bath or shower rather than a bed bath.

Our observations during the inspection supported the reports of staff and people living at the home. We found staff often appeared rushed to complete their duties. During the mealtime on the ground floor household we saw two staff were supporting 12 people to eat their meals. One staff member was also overseeing medicines between the ground and first floors. Due to the level of support people needed there was a hectic atmosphere and the phone was constantly ringing. On another of the households, we observed that two staff were supporting people in the communal dining area. However, due to a visit from a health professional and one person needing assistance from a member of staff at the same time, the dining area was left unsupervised for a short period.

The provider had not ensured there was adequate cover of suitably competent and qualified staff at all times. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff had assessed risks to people's health, safety and wellbeing. They had completed risk assessments in relation to falls, malnutrition, skin integrity, moving and handling and other risks that were specific to each individual such as choking or use of particular equipment. Risk assessments referred to care plans, which provided staff guidance on how they should act to reduce the likelihood of any harm occurring to the person. We checked whether staff were following these measures and found in most cases they were. For example, any required equipment was in place and staff supported people to reposition if required to help reduce the risk of pressure ulcers developing. However, we saw one person had fallen from their bed. The risk assessment had been reviewed and staff had identified measures including putting a pressure sensor and crash mat in place to help manage the risk of this person falling from their bed. We saw this equipment was in place. However the care plan also directed staff to carry out welfare checks for this person every 30 minutes, and these had not been recorded consistently. We were unable to determine if this was because the checks had not been carried out, or because they had not been recorded.

We also found two risk assessments had not been completed correctly. Staff had scored one person's malnutrition risk assessment incorrectly as they had calculated their body mass index (BMI) incorrectly. The correct scoring would have shown this person to be at higher risk than was actually indicated. This increased the risk that appropriate interventions to manage the risk of malnutrition would not be identified

promptly. However, the registered manager also monitored weight loss, and we saw this was an additional safeguard that helped ensure the risk of malnutrition was low. The second risk assessment that had been scored incorrectly related to the use of bedrails. The risk assessment indicated that bedrails were safe and appropriate to use for this person. This was based on the indication in the risk assessment that the person was 'orientated and alert'. However, this person's care plan in relation to their mental health stated they continued to experience confusion and disorientation. If this option had been selected on the risk assessment tool, it would have indicated either that bedrails were not safe to use, or should only have been used with additional risk assessment. We made the registered manager aware of this issue and asked them to ensure appropriate actions were taken.

The provider had not carried out adequate assessment of risks to people's safety. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had notified the Care Quality Commission (CQC) of four serious injuries sustained by people using the service in the past year. At the time of writing this report, we had not identified any concerns in relation to how staff had handled these incidents. We saw staff recorded any accidents or incidents that occurred on an accident report form and where relevant, in documents such as falls diaries in individual's care files. We saw consideration had been given as to the cause of any accidents, and where appropriate, referrals to GPs, the falls team and physiotherapists had been made. During the inspection we observed staff provided support to people as required to assist them to mobilise around the home. The district nurses told us they had seen several people for skin tears they had sustained, and during the inspection we observed a member of staff pushing a person in their wheelchair without the footplates in place. We questioned the staff member who then put the footplates in place and told us they were not aware the footplates were not in place as they had not supported the person with the hoist. This was unsafe practice that could potentially lead to skin tears or a more serious injury. We made the registered manager aware of this.

Staff had received training in safeguarding and they were able to explain to us how they would identify and appropriately report any safeguarding concerns they had. They told us they were confident the registered manager would take action based on any concerns they raised with them. The provider had identified and reported safeguarding concerns appropriately to the local authority and CQC. We found the service had robust procedures in place for recording and reporting safeguarding concerns and ensuring actions were taken to help ensure people were safe. This included completing 'time critical reports' that included a description of the incident, initial actions taken and further steps taken to help ensure people were protected. The registered manager told us these reports had to be completed within 24 hours and sent to the area manager and a team within the provider that tracked and monitored any safeguarding incidents.

Risks in relation to the safety of the building had been assessed. For example, we noted that third party contractors had completed risk assessments in relation to fire safety and the risk of legionella developing in the water system. Actions identified from these risk assessments had been completed and signed off. The provider also commissioned an annual health and safety audit. We saw the findings of this audit had been used to help make improvements to the safety of the service.

Routine required checks and servicing of the gas, electrical system and lifting equipment (such as passenger lifts and hoists) had been completed as required. We saw the maintenance person carried out routine checks on the safety of equipment such as bedrails, windows restrictors and the fire alarm. The service had carried out regular fire drills, and we saw people had personal emergency evacuation plans (PEEPs) in place.

The home had recruited staff following procedures to help ensure they had the required skills and were of

suitable character to work with people living at the home. This included requiring staff to complete an application form including details of their work history, and obtaining a disclosure and barring service (DBS) check and references prior to them starting. A DBS check provides details of any convictions or whether the applicant is barred from working with vulnerable people. This helps employers make safer decisions when recruiting staff. We found one personnel file did not contain a reference from the staff member's most recent employer, which was another care home. We discussed the importance of having a clear audit trail for any references with the registered manager so that they were assured staff they employed were of suitable character and had the necessary skills for the role.

Medicines were stored securely in a locked fridge, medicines trolley or controlled drugs cabinet. Staff monitored the temperature medicines were stored at to ensure they were kept according to manufacturers' guidelines. We saw two staff had signed a controlled drugs register when administering or receiving these medicines as is good practice. We carried out a spot check of the stocks of controlled drugs and saw the amounts in storage corresponded correctly with the records. Controlled drugs are medicines that are subject to additional legal requirements in relation to their safe storage, administration and disposal, due to the risk of their misuse.

One person told us they did not always receive their medicines in a timely way. We discussed this with staff and the registered manager. Staff were aware this person required their medicines at a specific time, and they told us they set an alarm on their mobile phone to help ensure there was no delay in administration. Staff recorded the administration of medicines, including cream medicines, accurately and consistently.

People had profile pages in the medicines folder that provided information on how their medicines should be administered, any allergies they had, and a photo to help staff identify the correct person. Where people were administered medicines on a 'when required' (PRN) basis, we saw there were accompanying protocols that provided staff with details about when these medicines should be administered and what their intended effect was. We saw records were in place to help staff monitor how frequently PRN medicines were being administered. These records enabled staff to monitor whether the PRN medicines were needed and whether they were being administered appropriately.

Is the service effective?

Our findings

We received mixed comments from people in relation to the food provided, although most feedback was either positive or neutral. Comments included, "The food is quite good. I like to eat my meals in the lounge. There is a cooked breakfast three times a week and a choice of two courses at dinnertime and at teatime. If I don't like anything they will make something else for me like a sandwich", "The food isn't bad but we do get tinned vegetables and sometimes it is either under or over cooked", "The food is average. There isn't a great choice" and "The food isn't (like at) the Savoy but it's adequate and acceptable." We saw fresh fruit, snacks and drinks were freely available in communal area for people who could help themselves. For those who weren't able to do this there was also a snack menu that set out options people could order from the kitchen at any point during the day.

Records and observations made during the inspection evidenced that staff followed guidance from dieticians and speech and language therapists (SALTs) in order to ensure people received the support they needed to eat and drink safely, and to meet their needs in relation to nutrition and hydration. Kitchen staff had a record of people's dietary requirements, including any requirements relating to people's religious beliefs. One person told us, "I'm a vegetarian and they cater for me quite well." As discussed in the safe section of this report, we received multiple reports from people that staffing levels could impact on how promptly they received their meals, and we also observed that staffing levels impacted on the provision of support during mealtimes. Two staff members we spoke with told us they felt some staff did not put sufficient effort into encouraging people to maintain their food and fluid intake. We also observed variable quality in relation to the support provided to people to eat and drink. We saw examples of good practice such as staff supporting people who needed assistance to eat at a comfortable pace and maintaining eye contact with them. However, we also saw staff give another person their breakfast, which they pushed away and said they did not want. The staff member did not encourage them to eat, nor did they offer any alternative to the breakfast they had been given.

People told us they were confident that staff would support them to access health services or see their GP if they experienced any decline in their health. We spoke with two visiting district nurses who told us staff were good at recognising and raising any concerns in relation to people's health where their input might be required. People's weights were monitored, and we saw staff had given appropriate consideration as to the cause of any unexpected weight loss and how to manage it. Staff had made referrals to other health professionals such as GPs, SALTs, dieticians and tissue viability nurses when needed. This helped to ensure people's changing needs were responded to so that their health and well-being was maintained.

The majority of the people and relatives we spoke with told us they found staff to be competent and to understand how to meet their care needs. However, one person told us agency staff were not always competent at operating their wheelchair and they had raised this concern with the registered manager. The registered manager told us they had asked senior staff to induct any new staff specifically in the use of this person's wheelchair, and we saw minutes from a team meeting where they had reminded staff about the importance of completing a standard induction form with any agency staff member on shift. Comments we received included, "I think they [staff] know what they are doing. I never have a problem with them", "I think

the staff are trained. They help me with my chair and a hoist and they look after me well" and "I think the staff do a good job with [family member]. When they use the hoist they know what they are doing."

Staff told us they felt that they received sufficient training to enable them to meet people's needs effectively. One staff member told us, "I get training regularly. It is okay, and you can ask for more training if you need it." The home's training records showed that between 99 and 100 percent of staff had completed training the home identified as mandatory, which included moving and handling, health and safety, fire safety, infection control and safeguarding. Staff had completed additional training in topics such as management of falls, equality and diversity, management of medicines, food hygiene and the Mental Capacity Act. Staff had completed training in dementia care, although we saw this was only at an introductory level via an e learning module, and no staff were identified on the training matrix as having completed additional face to face dementia training. At the last inspection the registered manager told us of plans to have a train the trainer programme in place for dementia care. The intention was to fully train two members of staff up about the provision of good dementia care so that this knowledge could then be cascaded to new staff on induction and provide refresher training for existing staff. This had not occurred. We recommend that the home reviews the current methods used to train staff about dementia and ensures that they are given adequate and appropriate knowledge in good dementia care.

We spoke with a member of staff who had recently started work at the home. They told us they had completed online training and been given the opportunity to shadow more experienced staff before starting to work without supervision. They told us they felt confident in their role at the end of their induction period, and told us their colleagues were supportive and provided them with guidance and assistance as needed. We saw staff completed induction workbooks that helped ensure new staff received the information they needed to understand the home's policies and procedures.

Staff told us they received regular supervision, which they found useful and provided them with an opportunity to discuss any support needs they might have. We reviewed supervision records and found there was a focus of supervisions being used to address concerns in relation to staff members' performance. There was limited evidence of supervisions being used to ensure staff were receiving adequate support and encouraging their professional development. We discussed this with the registered manager who told us the provider had recently introduced a new format for supervisions that should help address this issue and ensure the focus of supervisions was not always negative. The provider's supervision policy stated staff should receive a minimum of four supervisions per year. We saw the majority of staff who had been permanently employed since the beginning of 2017 had received between two and three supervisions by the end of October 2017.

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.

The provider had recognised where people may be subject to restrictive practices and had made applications to the supervisory body (local authority) as required. Staff we spoke with were aware of the people they supported who had an authorised DoL or application for a DoL in place. Staff understood the

principles of the MCA, such as that any decisions taken on behalf of a person lacking capacity should be in their best interests and the least restrictive option. Staff told us they would always seek consent from people they provided care to prior to any intervention. This was confirmed through our observations and reports from people we spoke with. For example, we saw staff communicated what support they intended to provide to people and asked them if they were happy with this. One person we spoke with told us, "They [the staff] always ask before they do anything like when I am having shower. There is no problem there." Staff were able to describe how they supported people to make choices about their care, which included observing for non-verbal communication that might indicate if a person was happy to receive support.

We saw people had signed forms consenting to their planned care where they were able to do so. Where a person did not have capacity to provide valid consent, staff had completed and documented best interest decisions. However, we also found that on the ground floor household, 10 of the 12 bedroom doors were locked when people were sat in the lounge. Staff told us this had been done due to requests from family members to prevent people who walked without purpose from entering their relatives' bedrooms. However, there was no record in peoples' care files that this potentially restrictive practice had been subject to a best interests decision-making process, and there was no reference to this practice in the DoLS applications for these people.

We recommend the provider reviews guidance in relation to how decisions about potentially restrictive practices are recorded and reviewed in accordance with the Mental Capacity Act.

People told us they found the home and their bedrooms to be kept clean and tidy. All bedrooms had an ensuite wet-room and the bedrooms we viewed had been personalised, were light in decor and had adequate space for people to move around and to accommodate equipment, such as profiling beds and hoists when needed. We saw a number of adaptations had been made to make the environment more dementia friendly on the households that supported people living with dementia. Adaptations such as pictorial signage and memory boxes containing items personal to each individual helped people orientate around the home and locate their bedrooms. Items such as hats and boards containing switches and locks that people could pick up or 'fiddle' with were located around the corridors. Items such as these act as a welcome distraction for some people living with dementia.

Is the service caring?

Our findings

People were consistent in their positive reports about the kind and caring nature of the hard-working staff that supported them. However, this was often qualified with comments about staff being 'stretched' and having limited time to complete their duties, which limited how caring staff could be in their approach. Comments received included, "Staff are very caring and sympathetic and if I have any problems they listen to me and reassure me", "Staff are very nice and friendly", "They [the staff] are really caring with [family member] and I feel they are being well looked after." During the inspection we saw staff regularly checked on people's wellbeing and asked if they were 'okay', responding appropriately if people requested any support. One staff member told us, "I treat people as if they were my mother or father. It is their home, and you have to respect people's choices."

Through our observations and conversations with staff, we determined that staff (including the registered manager) knew people living at the home well. Staff were able to tell us about people's likes, dislikes and social histories. The registered manager told us use of agency staff had decreased, and this was confirmed by people we spoke with. We heard staff used people's preferred names and people looked comfortable and relaxed in their presence. We observed one person smiling at staff, waving and giving a staff member a 'thumbs up' to say goodbye when they were leaving at the end of their shift. One person we spoke with told us, "I know the staff well. It's mainly the same faces and I can have some good banter with them. It helps make the day go by."

During the inspection we observed that interactions between people living at the home and staff were respectful and upheld peoples' dignity. People told us they received adequate support with personal care, and relatives told us their family members were always clean and well presented. People told us staff always treated them with respect and maintained their privacy. One person told us, "They [the staff] look after me and I'm not embarrassed when they help me."

Staff told us they would support people to maintain their independence as far as was possible. For example, they told us they would do this by communicating effectively with people and involving them in decisions about their care, or encouraging them to walk independently when it was safe for them to do so. People we spoke with confirmed that staff helped them when they needed help, but otherwise allowed them time to complete tasks themselves. One person told us, "I like to dress myself if I can, but if I can't manage they [the staff] help me." We found staff supported people to self-care where they were able and this was their wish. This included assessing any potential risks in relation to self-care and helping manage those risks by ensuring people had appropriate advice, instruction and equipment to carry out their care independently.

One of the Methodist Home's stated values is to 'nurture each person's body, mind and spirit to promote a fulfilled life'. The registered manager told us the home was open to and welcomed people from all backgrounds and of all faiths or none. The home employed a chaplain, who the registered manager told us was well placed to make connections with religious leaders from a range of faiths in the area.

The registered manager told us the home followed the six-steps programme for providing end of life care.

Six-steps is an accredited training programme that aims to ensure people receive good quality end of life care. We saw people's end of life care wishes had been discussed with them and their families when they were happy to do this. The registered manager told us the home's chaplain held an annual remembrance service for former residents to which families were invited.

People told us their friends and family were able to visit freely, and relatives we spoke with told us communication with staff at the home was good. The registered manager had held quarterly meetings for residents and relatives although these had not been well attended, and not everyone felt these meetings had been worthwhile. The registered manager showed us a letter they had sent out to consult with people and their family members about how these meetings could be better organised, scheduled and communicated to meet people's preferences. They were considering the responses they had received at the time of our inspection.

Is the service responsive?

Our findings

We saw people's needs had been assessed prior to them moving to the home. Care plans were detailed and provided staff with information on how to meet each person's health and social care needs. This included care plans in relation to mobility, nutrition, continence, activities, physical health conditions, mental health, relationships/sexuality and personal care. Staff had reviewed care plans monthly to help ensure they remained relevant and reflected people's current care needs and preferences. Despite this, one person's care plan had not been updated to reflect current guidance from a speech and language therapist (SALT) in relation to the support they needed to eat and drink. However, we found staff were aware of, and were following the guidance from the SALT, which was available for their reference. There was evidence that staff had recognised when people's needs had changed or increased. The registered manager had made referrals to relevant professionals to ask for re-assessments if it was felt Laurel Court was no longer the best place to meet that person's needs.

Care plans contained information on people's social histories, interests, people involved in their lives and their preferences in relation to how they received their care. For example, we saw people's preferences were recorded in relation to where they ate their meals, the clothing they wore and the ways in which they wanted support to be provided. We saw there were forms in place for staff to sign to indicate they had read people's care plans and risk assessments. Some of these had been signed by few (for example, six) staff, and not all care staff we spoke with told us they had read people's care plans. However, they told us colleagues passed on important information from people's care plans to them. All the staff we spoke with had a good knowledge of people's care needs and preferences as detailed in their care plans and risk assessments. However, as noted in the safe section of this report, it was not always possible for staff to meet people's preferences in relation to meal times and times they were supported to get up, due to the number of staff on duty.

People we spoke with were generally happy with the activities offered at the home, although some people felt there could be more activities on offer. Comments about activities included, "There are some activities, but I would like more", "I've seen notices up about trips and activities but I ignore them I prefer my own company", "I don't know about activities. I keep myself busy doing quizzes and puzzles and my family come to visit" and "[Person] loves to watch sports on TV and they do a lot of painting. They have accommodated their needs to be able to do that." The registered manager told us the home was allocated 50 hours per week for activity co-ordinators. However, one post had been vacant, and the activity co-ordinator who was employed had been off work. Our review of activity records indicated this had impacted on the provision of activities, and there were few activities recorded as having taken place since the beginning of 2017. We saw a new activity co-ordinator had been employed who started the same week as our inspection. The home also employed a chaplain who we saw had devised a schedule of activities that included poetry readings and church services.

During our inspection we observed small groups being engaged in activities run by the chaplain or staff. This included a story-telling group, singing, and a poetry class. We also saw the activity co-ordinator supporting a person one to one to do some art work. One person talked about how the chaplain had enabled them to

attend a theology course, which they were proud to have received a certificate for. We also saw external entertainers visited the home, and there was a group that led a music and exercise session who visited during our inspection. Staff we spoke with were aware of the importance of supporting people to maintain relationships with people important to them and of developing new friendships. One staff member talked about researching local groups that spoke the same first language as a person living at the home. They told us they felt it might be beneficial for this person to have more contact with other people who spoke the same first language to help reduce the risk of them becoming socially isolated.

The home had a complaints policy that was displayed in the entrance lobby to the home. The policy set out the provider's expectation that all complaints would be acknowledged within five days and they aimed to resolve any complaints within 15 days. Most people we spoke with told us they had not raised any complaints and did not feel the need to do so. One relative we spoke with told us they had raised a complaint previously that had been resolved to their satisfaction. However, a second relative told us they had raised complaints on two occasions about staffing levels and said nothing was done in response, and their complaints had not been resolved. There was no record of this complaint in the complaints records, and the registered manager told us they were not aware of this concern being raised. We were not able to resolve what had happened in relation to handling of this complaint in this instance.

Is the service well-led?

Our findings

The service had a registered manager in post. The registered manager had been working at the home shortly prior to our last inspection in June 2016, and was registered with the Commission in August 2016. The registered manager was supported in their management responsibilities by a deputy manager, residential care manager and clinical lead. At the time of our inspection, the deputy manager was on leave. The registered manager told us they received adequate support from regional colleagues and senior management and told us their 'patch' was very supportive of one another. For example, they told us they had received additional support from other registered managers in the area, a 'quality business partner' and their area manager during the deputy manager's absence, due to the input that is required to manage a home the size of Laurel Court. They also told us they attended regular managers meetings, which allowed them to meet and receive support from the registered managers of the provider's other homes in the north west area.

We received a mixed response when we asked people and relatives whether they knew who the registered manager was. However, everyone who did know them, told us they were very approachable, and they felt comfortable approaching them to discuss any concerns they might have. One person told us, "[Registered manager] is good. You see them on the floor and I can speak to her." Another person said, "She's called [name]. If I have a problem, I just get in the lift and go and see her and I can have a laugh with her. There's no animosity." During the inspection we observed the registered manager interacting with people who lived at the home. It was apparent from these observations and our discussions with them that they knew the people living at the home well.

There was an established system of audits and checks in place to help the registered manager and provider monitor the quality and safety of the service. The registered manager carried out audits in relation to areas of service delivery such as medicines, care plans, meal time experience/food, infection control and the environment. They also completed a recorded daily walk-around of the home or delegated this task to another staff member if they were not in that day. This involved checks of the premises, checking staff whereabouts, equipment, speaking with staff and checking staff understanding of safeguarding for example. We saw that where any issues had been identified through these audits that action plans had been produced, which were then followed up and 'signed off' when completed.

The registered manager monitored information about accidents, falls, safeguarding and people's health outcomes, such as their weight and the incidence of any hospital admissions and pressure ulcers. This helped the registered manager maintain an awareness of any emerging patterns or trends to allow them to carry out further investigation if required. Where this information highlighted any concerns in relation to an individual's wellbeing or safety, we saw staff had taken appropriate actions and these were recorded in the same document.

We saw the provider had acted on feedback from relevant external agencies. For example, we saw the provider had updated the action plan they received from the community infection control team. They had also produced an action plan following CQC's last inspection in June 2016, which included actions they

would take to improve the quality of the service. This was in relation to all feedback received, not just in relation to the breach of regulations we found at the last inspection. The provider published this action plan on their website, which demonstrated an open and honest approach to quality improvement.

The provider had sought the opinion of people using the service by taking part in an annual customer survey run by an external research company. The last survey had taken place in 2016 and the results returned showed the home scored slightly above average (mean score) compared to other homes taking part in the survey. Responses for the 2017 survey were being collated at the time of our inspection.

Despite these extensive audit procedures, we found these systems had not ensured the service remained compliant with the regulations, and the home has been rated requires improvement for the third consecutive time. Whilst the provider had assessed required staffing levels, we found this process had not been robust and had not ensured staffing levels did not impact on the quality of care people received. The issues we identified in relation to the accurate completion of risk assessments had also not been recognised nor rectified through the process of checks and audits.

This was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Most staff we spoke with felt they were adequately supported and spoke positively about their job roles. However, staff also spoke about pressures of what they perceived to be being 'short staffed'. One member of staff told us they felt staffing pressures had led to a number of staff leaving employment at the home. We saw staff were invited to take part in an annual employee survey. The most recent survey showed there had been an increase in employee engagement.

We saw staff meetings took place and covered a range of topics, including staffing, training, policies and procedures. Feedback was also given to staff from audits that had been completed by either internal or external persons. We saw there had been recent meetings for nurses and senior care staff. However, the last record of a team meeting for day care staff was from April 2017. In addition to these team meetings, staff held '15 at 1500' meetings. These were quick meetings that brought senior staff together to review how the day was going and any significant events that needed to be discussed or brought to the attention of the staff teams. For example, we saw standard agenda items included maintenance, hospital admissions/discharges, activities, falls, incidents and accidents.

The registered manager had submitted notifications to CQC as required in relation to safeguarding, DoLS and serious injuries. The home's performance rating was clearly displayed both inside the home and on the provider's website as is a legal requirement.

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 Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not carried out adequate assessment of risks to people's safety. Regulation 12(1)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The providers' systems to improve the quality of the service had not ensured the service was meeting the requirements of the regulation or that it improved its' performance rating. Regulation 17(1)
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had not ensured there was adequate cover of suitably competent and qualified staff at all times. Regulation 18(1)