

Vaghjiani Limited

The Laurels Nursing Home

Inspection report

The Laurels Nursing Home
Lincoln Road
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Market Rasen
Lincolnshire
LN8 5NG
Tel: 01673 858680
Website:

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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 

Overall summary

The Laurels Nursing Home provides care for up to 22 older people, some of whom may experience needs related to memory loss associated with conditions such as dementia. There were 21 people living in the service at the time of our inspection.

The registered provider had an established registered manager in place. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS

Summary of findings

are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves.

The registered provider had processes in place which ensured when needed, they acted in accordance with the Mental Capacity Act, 2005 DoLS. At the time of the inspection one person who lived at the service was subject to an authorised DoLS.

Staff knew how to recognise and report any concerns so that people were kept safe from harm and background checks had been completed by the registered provider before new staff were appointed.

Staff had been supported to assist people in a person centred way. They provided care as set out in each person's care record and we found this helped to reduce the risk incorrect care being given. There were clear arrangements in place for ordering, storing, administering and disposing of medicines.

People were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink. People also had access to a range of healthcare professionals when they required more specialist help.

Staff understood people's needs, wishes and preferences and they had been trained to provide effective and safe care which met people's individual needs. People were treated with kindness, compassion and respect. We saw examples when staff respected people's privacy.

People were able to see their friends and families when they wanted. There were no restrictions on when people could visit the service and visitors were made welcome by the staff in the home. People and their relatives had been consulted about the care they wanted to be provided. Staff supported the choices people made about their care and people were offered the opportunity to pursue and maintain their interests and hobbies. The home had well established links with local community groups which benefited people who lived in the service.

There were systems in place for handling and resolving complaints. People we spoke with and their relatives were aware of how to raise any concerns they may have. The home was run in an open and inclusive way that encouraged staff to speak out if they had any concerns. The registered manager and the registered provider had systems in place to enable them to continually assess and monitor the quality of the services they provided.

Summary of findings

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 safe.

People felt safe living within the service and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise signs of potential abuse and knew how to report their concerns.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed and people's medicines were managed in a safe way.

Good



Is the service effective?

The service was effective.

Staff had received training and were supported to provide the right care including reassuring people when they became distressed.

People were helped to eat and drink enough to stay well and people had received all the medical attention they needed.

They were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Good



Is the service caring?

The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the way care was provided were respected.

Staff were caring, kind and compassionate.

They recognised people's right to privacy and respected confidential information.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes. Staff provided people with the care they needed including people who lived with conditions such as dementia.

People were supported to make choices about their lives and how they spent their time and in pursuing their hobbies and interests.

People and their relatives knew how to raise concerns and make a complaint if they needed to.

Good



Is the service well-led?

The service was well-led.

There was an open and positive atmosphere within the home.

Good



Summary of findings

People and their relatives were able to voice their opinions and views about the services they received.

Systems to assess and monitor the quality of the service provided for people were in place and quality checks were carried out regularly.

The Laurels Nursing Home

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 was 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.

We inspected The Laurels Nursing Home on 7 July 2015. The inspection was unannounced and the inspection team consisted of a single inspector. We last inspected the service on 12 July 2013.

Before the inspection visit took place, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the home, what the home does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

In addition, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as local authority service commissioners.

During our inspection we spoke with five people who lived at the service, four relatives who were visiting, a community healthcare professional, a local health protection advisor and two community social care professionals. We also spoke with the registered manager, the registered nurse in charge, four care staff, the cook, the maintenance person and one of the domestic staff team.

As part of the inspection we spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people who lived at the home had difficulties with their memory and were unable to tell us about their experience of living there. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We reviewed the information available in four care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at included; three staff recruitment files, the registered managers supervision and appraisal arrangements, staff duty rotas and the arrangements in place for managing complaints and monitoring and assessing the quality of the service provided within the home.

Is the service safe?

Our findings

People said they felt safe living at The Laurels Nursing Home. One person said, “This is the home I have chosen to live in. I feel safe here and never would want to live anywhere else.”

Records showed and staff we spoke with described a range of possible risks to people’s wellbeing and how staff worked to minimise the risk. For example, care plans showed the arrangements in place to assist people who had reduced mobility, or if they needed help to promote and manage any continence issues. We found that staff were aware of the information in the individual plans and were providing the right care.

Staff also knew about people’s healthcare needs such as their risk of developing pressure sores and we saw they followed plans in place for reducing these risks, such as encouraging people to change their seating positions regularly or to be assisted to turn when in bed.

The registered manager showed us records and staff told us they had received training about how to keep people safe from harm. For example, they had received training about falls prevention and infection prevention and control. They had also received training about how to keep people safe from abusive situations. Staff we spoke with demonstrated their understanding of how to recognise abuse and the policy and procedure they would follow in order to quickly report any concerns they might identify. We knew from our records that the registered manager and staff had worked well with other agencies, such as the local authority safeguarding team to address any concerns that had been raised.

The registered provider had a business continuity plan in place in order to make sure people would be safe if, for example, they could not live in the home due to a fire or flood. Fire evacuation plans and regular fire drills were in place and people we spoke with told us what they would do if there was a fire in order to stay safe. During our inspection we observed staff attended a fire safety training course which staff said they undertook periodically in order to refresh their existing knowledge on the subject of fire safety.

We looked at three staff recruitment files and saw staff had been recruited based on checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. Staff also underwent checks about their previous employment, their identity and the registered provider had obtained references from previous employers.

The registered manager had established how many staff needed to be on duty by assessing each person’s needs for assistance. Staff told us that there were enough staff on duty to meet people’s needs and we saw staff noticed and responded quickly when people needed assistance. Rotas were planned with staff deployed to ensure a registered nurse was always available. One staff member said, “It gets busy but the key is that we don’t have many staff changes. We all know each other well and can provide cover as a team whenever it is needed.”

Staff rotas showed us that planning by the registered manager had ensured routine shift arrangements were being filled consistently and any changes in staff at short notice were being covered. Cover included the option to use agency staff if this was required and the registered manager confirmed that the registered provider supported them to use agency staff if they needed to.

Staff demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance. This included medicines which required special control measures for storage and recording. We observed staff carried out medicines administration in line with good practice and staff told us, and records confirmed, staff who had this responsibility had received training about how to manage medicines safely.

People’s care plans showed how they wished to be supported with their medication, including when they administered their own medication. However, one person’s care plan did not clearly record that they liked to be helped to administer their own medicine or how they should be supported to take this in the way they wanted. We spoke with the registered manager and the registered nurse in charge and they took steps to update the records to more clearly reflect how the support needed was provided.

Is the service effective?

Our findings

People's healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. One person said, "I see my doctor regularly and I am kept in touch with how my health is. It makes me feel better just knowing." During our inspection we observed a local doctor visited one person in private to speak with them about their health needs and we spoke with a visiting healthcare professional who told us, "The service here is effective and they are good at making contact with us when they need to. The information here is clear and we communicate well across the teams."

Staff told us they received a range of training to help them meet people's needs. Training records showed staff skills were developed in line with the needs of the people who lived at the home. For example, training focussed on subjects such as helping people to move around safely, nutrition and hydration, and dementia care. The registered manager also told us they supported the on-going professional development of staff. Records showed all of the care staff team had obtained or were working toward achieving nationally recognised care qualifications.

Staff received regular supervision and an annual appraisal from the registered manager and one of the lead registered nurses. Staff told us the registered manager and registered nurse in charge were always available for support. They also said supervision sessions helped identify any specific issues regarding their ongoing development and that their knowledge and skills were being continuously developed as a result of the support given.

Staff had received training about Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and were able to demonstrate an understanding of the subjects when we spoke with them. The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted. At the time of our visit one person

had an authorised restriction to their freedom of movement in place in order to keep them safe. Information we looked at confirmed the registered providers policies and procedures had been followed in order to do this.

We observed that staff asked people for their consent before they provided any kind of support. They explained the support they were going to give in a way that they could understand and people responded positively to this approach. People and their relatives told us they were involved in decision making about care needs and that staff always respected their views. Staff were clear in their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people's best interest and how to support people who could still make their own decisions. People had assessments and plans in place which related to their capacity to make decisions and to ensure best interest meetings were recorded.

People told us they enjoyed the foods that were available to them. One person commented, "The home gives me all the proper food that we had as children and I realised that since I have been here it's the food that has helped me to feel better in myself. For instance we get two kinds of greens on most days."

The cook provided people's chosen meals throughout the day, whether from the menu or their own choices and demonstrated a very clear knowledge and understanding of people's individual nutritional needs. For example, she spoke about catering for people with diabetes, those who required nutritional supplements and those with particular likes and dislikes. Both the cook and the staff team also made sure there was always a range of hot and cold drinks available to people at all times to prevent them from getting dehydrated.

Staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to drink enough and when it was identified as being needed, weighing people to ensure they were maintaining a healthy weight. Records for these needs were completed and up to date. They included nationally recognised nutritional assessment tools. The registered manager confirmed that where people were at risk of poor nutritional intake staff understood how to make referrals to specialist services.

Is the service caring?

Our findings

People and their relatives said they felt the staff were very caring. One person said, “The staff are caring right through to the whole team.” A relative commented, “Really good care here. The staff go out of their way to provide care in a caring way and they are very patient.”

We noticed staff took time to chat with people and relatives who visited about day-to-day issues and other more personal issues, which were always discussed in private. Staff said they had received guidance from the registered manager about how to correctly manage confidential information. They understood the importance of respecting the privacy of people’s information and only disclosed it to people such as health and social care professionals on a need to know basis. We spoke with two visiting social care professionals who said they felt the staff were caring and sensitive in the way they approached their work. We saw one person had a private visitor and was supported to see them in a quiet room away from the homes busy communal area. The person told us staff always respected their right to privacy in this way.

We saw that staff acknowledged people consistently and in a positive way, making time to respond to people if they needed anything. When staff spoke with people they made sure they were at the same level as the person and listened carefully to what each person said before answering them. A relative told us, “I hope they [staff] get the credit they deserve. It’s an excellent how which is based very much on the people who live here. Staff are excellent at understanding me and my family situation and I can always talk to them.”

We spoke with people and undertook some observations in the homes communal dining room during lunch. People were coming and going as they chose and staff supported people to have access to their meals and drinks, taking

time to check what people wanted matched the menu choices people had made earlier in the day before they were served. Meals were served in a timely manner and portions were sized as people wanted them. One person said, “They [staff] are inclined to give you too much but we all prefer this and me in particular because I like a lot and you can leave what you don’t eat.” People told us they always had a choice of what they wanted to eat and people told us and we saw second helpings were available if they wanted them.

Staff spoke with us about how they understood how to maintain people’s independence whilst protecting their dignity. Staff said that central to achieving this was making sure staff provided individual care as set out in the persons care plan. For example, one staff member we spoke with highlighted the importance of ensuring people’s clothing was protected when people were eating in order to promote their independence to eat without support if they chose to whilst maintaining their dignity.

People also had access to a range of adapted utensils and plate guards in order to help them eat their food. When it was needed staff also sat with people and took time their time to give caring, individual support. They helped people to cut food, use condiments and cutlery and regularly offered a choice of drinks. One person asked for a milk shake instead of the three drink options available. The person was supported to have their choice met.

The registered manager told us they had developed links with and we saw there was information available for people about local advocacy services and how to access them. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes. One person told us how they had accessed the service and found it helpful. The person also said that they could make contact with the service at any time in the future if they needed to.

Is the service responsive?

Our findings

People and their relatives told us they were involved in planning, assessing, and reviewing their care needs. One person said, “The staff have helped me to get better and I feel involved all along the way.” Another person said, “I just like living here. I feel my needs are catered for and the staff ask me how I am, which is good” and “It’s not a home, it’s my home.”

People’s care records identified needs and risks. The information showed how each risk should be addressed and we saw staff provided the appropriate support and care described in the records. Monitoring charts for needs such as nutrition, pressure area care and continence were completed to show any changes in the person’s needs. Reviews of people’s care plans were undertaken regularly and records were updated to ensure they reflected what the person needed and wanted.

Some people told us they did not like to join in organised activities but staff helped them to continue with their hobbies and interests such as reading and watching their chosen television programmes. One person said, “I have really enjoyed watching Wimbledon this year and I am looking forward to the final.” We also saw

We did not see any organised activities taking place during the inspection. However, people told us there was always plenty for them to do. For example, there was a range of reading materials around the home. One person was reading their daily newspaper and we saw another person had been supported to have access to an electronic device for sending emails and searching the internet. Two people told us about a shoe sale that they were looking forward to in the home the following day and that singers regularly

attended to provide entertainment. One person said, “There is a singer coming at the end of this month.” We also saw religious services took place every month which people said they could participate in if they chose to. The registered manager told us about a recent activity which included a visit from a local nature reserve. They also described a range of themed reminiscence activities which took place regularly. These included topics such as memories from our school days and the holidays and places we went to.

The registered manager showed us records for each activity undertaken by people were kept so they could review these and develop activities based on what people said they had enjoyed doing.

People knew there was a complaints policy and we saw that it was available for people to access easily in the home. People and their relatives told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken. Records showed that where concerns or complaints had been raised they had been responded to in a timely way and people were satisfied with the outcomes communicated to them.

The registered manager also confirmed they kept a record of compliments they had received from people and relatives. In one of the compliments the manager had received In June 2015 a relative had commented that, “I was absolutely beside myself when [My relative] was diagnosed with Dementia and felt so lost. I think it was the worst thing to happen. However, coming here to the Laurels has been the very best move for [My relative] and totally reassuring for all of our family to know that [My relative] is receiving the best care.

Is the service well-led?

Our findings

There was an established registered manager in post. We observed that there was a clear management structure in the home. There was a named senior person in charge of each shift and during the evenings, nights and weekends there was always a senior manager on call if staff needed advice. We saw that staff freely approached members of the management team and that there was an open and supportive culture within the staff team.

One person told us, “The manager and staff are here to support us but they do more than that. This is our home from home here and the manager’s approach and the way she conducts things helps it to feel like everything is in hand.”

People told us staff always listened to their views and they had a chance to say what they thought about things at any time because the registered manager was easy to access and had an open door approach. A relative we spoke with told us, “The manager and her team are so easy to speak to and I can’t thank the manager enough for the way we are supported.”

Our records showed the registered manager had made sure we were informed about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said the registered manager and senior staff were always available to speak with either direct or by telephone if she was not working and manager cover arrangements were in place to support them at all times. The registered manager also confirmed they had a process in place for ensuring regular checks were completed with the registered nurse employed to ensure their registrations were being maintained and kept updated. We spoke with one of the registered nurses who worked nights. They told us, “Communication is good and any challenges are made easier by the support we get from the manager.”

Staff demonstrated they were aware of whistleblowing procedures and said they would not hesitate to use them if

they needed to. Staff said they had access to the numbers they needed to use to raise any of these types of concerns, including the contact details for The Care Quality Commission.

The registered manager told us that people and their relatives been asked for their opinion on the services and care they provided through the sending out of an annual survey. The last survey was undertaken and completed between November and December 2014. Records were available at the home to evidence overall feedback had been positive.

Where comments or concerns were raised the registered manager showed they had completed plans to show how they had responded. For example, one person had raised an issue about their laundry getting mixed up. The registered manager confirmed they had addressed this through a review of the processes in place. Information available showed the actions taken to improve the way the laundry was managed.

There was a quality assurance and audit framework in place. Audits were carried out for areas such as infection control and medicines management. Records also showed the registered provider carried out regular visits to speak with people and staff and check on the development of areas such as the environment, and any concerns or complaints received. Action plans were in place to address any shortfalls highlighted by the registered manager’s and the registered provider’s quality monitoring processes.

The registered manager showed us the local authority infection control team had recently visited and made recommendations for the service to make improvements to their management of infection control practices. The registered manager had an action plan with timescales set to show these were being followed up and the registered manager had maintained communication with the infection control team to ensure they were kept updated regarding progress. For example, there were plans in place with timescales set to replace the sluice room at the home and complete further environmental improvements. We made contact with and spoke with the health protection advisor who told us the registered manager was working with them to address the issues they had identified.