

Laurel Villas Limited

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Inspection report

170-172 Tulketh Road
Ashton on Ribble
Preston
Lancashire
PR2 1ER

Tel: 01772720609

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

Laurel Villas provides accommodation for up to 24 adults, who require help with their personal care needs. The home is situated in a suburban area of Ashton in central Preston and is close to shops and local amenities. Laurel Villas is arranged over two floors with passenger lift access provided to the upper floor. En-suite facilities are available in many of the rooms. The home offers short to long term care or a home for life. On road parking is available outside the home.

The last inspection of this service took place on 11 November 2014. At the last inspection the service was rated Good.

The registered manager was present throughout our inspection visit. 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.

This unannounced inspection was conducted on 10 August 2017. At this inspection we identified some concerns and breaches of regulations.

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act 2005 (MCA). We found the principles of the MCA were not consistently embedded in practice. Written consent to various aspects of care and treatment was observed on some people's files. However, in others, consent forms had not been completed. We also found some examples where consent had been provided by people's family members, but there was no confirmation the people who had provided consent had legal authority to do so.

Evidence was available to demonstrate staff had submitted an authorisation for the Deprivation of Liberty Safeguards (DoLS) application for one person who used the service. However we found multiple examples of restrictive practices contained within the care files. These included the use of door monitors and sensor mats to alert staff to when people were out of bed. In addition we observed the front door was locked with a keypad and people were not always free to leave the building as they wished.

The concerns amounted to a breach of regulation 11 (Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We have made a recommendation about infection control.

We have made a recommendation about quality and monitoring checks.

When we last inspected this service in November 2014 we made some recommendations to the provider. We checked on this inspection if improvements had been made. During our last inspection, we made a

recommendation around medicines audits. At this inspection we checked the audit for medicines and found the provider had implemented a comprehensive medicines audit since our last inspection.

During our last inspection, we made a recommendation around accidents. This was due to the documentation not being retained in a confidential manner. We looked at how accidents and incidents were being managed during this inspection. We found there was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these.

During our last inspection, we made a recommendation around the induction process for staff. We looked at this process during the inspection and found changes had been made. We spoke to staff members who had recently started working at the service. One staff member told us, "I have had lots of training and support; I completed shadow shifts and did not begin working on my own until I was confident."

During our last inspection, we made a recommendation around people's dietary needs being recorded into their care plans. We looked at people's care records during this inspection and found the service was proactive in supporting people to have sufficient nutrition and hydration.

During our last inspection we made a recommendation around involving people and their relatives in the care planning process. We checked improvements had been made at this inspection. The management team and staff told us they fully involved people and their families in their care planning. People told us they were aware of their care plan and felt able to input to it if they wished. One relative told us, "I've been involved in the care plan from the beginning."

At this inspection people who lived at Laurel Villas told us they felt safe and supported by staff and the management team. Systems were used to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. People told us there was enough staff on duty and staff came quickly to any requests for support. One person told us, "There are definitely enough staff."

We looked at how risks to people were being managed; we found people were protected from risks associated with their care because the registered provider had completed risk assessments.

People were protected by suitable procedures for the recruitment of staff. Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing.

People received care which was relevant to their needs and effective because they were supported by an established staff team. They also had received appropriate training such as moving and handling and had a good understanding of people's needs. We confirmed this by our observations during the day.

We observed lunch being served, people ate in a relaxed manner and they enjoyed their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. People told us, "I've had a lovely dinner." Also, "The food is very good."

Care plans showed where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's.

We received consistent positive feedback about care provided at Laurel Villas from people who lived at the home. People's beliefs, likes and wishes were explored within care records and guidance in these records

reflected what staff and people told us about their preferences.

We saw care records were written in a person centred way and observed staff followed guidance in care records. We found assessments were undertaken by management prior to any person being accepted into the home. Assessments took place to ensure people's needs could be met by the service.

We saw people engaged in activities positively with staff. People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and games. During the afternoon of the inspection visit there was a group of people being supported by staff to play dominoes in the garden.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure and we saw evidence this was followed.

People who lived at the home and relatives told us the home was well led. We found the registered manager to be familiar with people who used the service and their needs.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum.

We found the management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

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

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.

People told us they felt safe living at the service.

The service had systems to manage risks and plans were implemented to ensure people's safety.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's rights were not always protected because the service did not always work in accordance with the Mental Capacity Act, 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions and appraisals.

Access to healthcare professionals was available when required

Is the service caring?

Good 

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who use the service, staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and

compassionate way.

Is the service responsive?

Good ●

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

Assessments were completed prior to agreement of services and they showed a good standard of person centred detail.

Care plans were completed and reviewed in accordance with the person's changing needs.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Processes for monitoring safety and quality across the service were not always used effectively.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Staff enjoyed their work and told us the management were always available for guidance and support

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Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

An unannounced inspection took place on 10 August 2017. The inspection team comprised of one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience had background knowledge of caring for older people.

We spoke with a range of people about Laurel Villas. They included seven people who lived at the home, four relatives, the registered manager, and three staff members. Prior to our inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

We looked at care records of three people, staff training records, medication documentation and records relating to the management of the home. We looked at recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

People who lived at Laurel Villas told us they felt safe and supported by staff and the management team. For example some comments included, "I feel safe here." Also, "Couldn't get a better place to live." And, "I definitely feel safe, because the staff are so kind and caring and look after us very well."

One relative told us, "My relative uses a walking frame and the lift, I feel she's safe." Another relative told us, "[Another family member] took [my relative] out last week without telling staff, I soon got a phone call asking if I knew where she was, the response time was pretty good and reassured me that care is being given."

During our last inspection, we made a recommendation around medicines audits. At this inspection we checked the audit for medicines and found the provider had implemented a comprehensive medicines audit since our last inspection. The audit helped to ensure the home's policies and procedures with regard to medicines management were being followed so people's medicines were managed safely.

We looked at two people's medicine administration records at Laurel Villas. This was during the lunchtime medicines round. Important details, such as allergies and any special instructions regarding medicines were recorded clearly and attached to people's medicines administration records. Records showed medicines had been signed for. We checked this against individual medicines packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. Staff responsible for the administration of medicines had been trained to administer them safely.

During our last inspection, we made a recommendation around accidents. This was due to the documentation not being retained in a confidential manner. We looked at how accidents and incidents were being managed during this inspection. We found there was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. The documents we viewed were fully completed and had information relating to lessons learnt on individual files.

We looked around the home and found in general it was tidy and maintained. We did notice some high areas such as the tops of wardrobes were dusty. We also observed toiletries and open incontinence equipment in some of the communal bathroom areas. This is not in accordance with current infection control guidance. The management team employed designated staff for the cleaning of the premises. Infection control audits were completed however the management team did not always carry out regular checks to ensure cleaning schedules were completed. We observed staff making appropriate use of personal protective clothing such as disposable gloves and aprons.

We recommend the service ensures that it is following current best practice guidelines for the control of infections.

Systems were used to reduce people being at risk of harm and potential abuse. Staff had received up to date safeguarding training and understood the provider's safeguarding adult's procedures. They were aware of their responsibilities to ensure people were protected from abuse. Staff members we spoke with

demonstrated they knew about the procedures they should follow if they were concerned people may be at risk.

People told us there was enough staff on duty and staff came quickly to any requests for support. Comments included, "There are definitely enough staff." And, "Yes there is enough staff, there's always somebody around." One relative told us, "I feel my relative is safe as it's always the same staff, they seem genuinely caring, and they stop and chat to residents". We viewed a selection of staff rotas which showed staffing levels to be adequate to meet the needs of the service.

We looked at how risks to people were being managed; we found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. We observed staff working in ways to minimise risks to people throughout the day. For example, staff supported people to mobilise around the service safely and in line with their documented risk assessments. Staff told us they had access to this information in people's care records and ensured they used them.

People were protected by suitable procedures for the recruitment of staff. We saw records which showed the provider had undertaken checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

Under current fire safety legislation it is the responsibility of the registered manager to provide a fire safety risk assessment which includes an emergency evacuation plan for all people likely to be on the premises in the event of a fire. In order to comply with this legislation, a Personal Emergency Evacuation Plan [PEEPs] needs to be completed for each individual living at the home. We looked at PEEPs during this inspection and found people had up to date PEEPs in their files to aid safe evacuation.

Maintenance records showed safety checks and servicing in the home including the emergency equipment, water temperatures, fire alarm, call bells and electrical systems testing. Maintenance checks were being done regularly and records had been kept. We could see any repairs or faults had been highlighted and addressed. These measures helped to make sure people were cared for in a safe and well-maintained environment.

Is the service effective?

Our findings

People we spoke with told us, "The staff know I have bad eyesight and they help me out." And, "The staff used to come round with cups of tea, my cup was too big, the staff went out and bought a smaller cup for me, they'll do anything for you and know what I need."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at how the service gained people's consent to care and treatment in line with the MCA. We found the principles of the MCA were not consistently embedded in practice. The home provided a service to people who may have an impairment of the mind or brain, such as dementia.

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. The application 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.

There was no evidence that mental capacity assessments had been carried out to assess whether the person had capacity to consent to their care or accommodation.

Written consent to various aspects of care and treatment was observed on some people's files. However, in others, consent forms had not been completed. They were present in people's care files but left blank. We also found some examples where consent had been provided by people's family members, but there was no confirmation the people who had provided consent had legal authority to do so.

We spoke to the registered manager about the issues we found in relation to consent and the principles of the MCA not being followed. We found the registered manager was aware of the information however had failed to adequately put this into practice for people who lived at the home.

Evidence was available to demonstrate staff had submitted a DoLS application for one person who used the service. However we found multiple examples of restrictive practices contained within the care files. These included the use of door monitors and sensor mats to alert staff to when people were out of bed. We saw an example of where bed rails were being used and the next of kin had signed the consent for the use of these without a mental capacity assessment being completed. The MCA stipulates that if a person lacks capacity to consent to a decision then a best interest process needs to be undertaken. Therefore the correct processes had not been followed. In addition we observed the front door was locked with a keypad and people were not always free to leave the building as they wished.

This failure to follow the code of practice amounted to a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Need for consent) because the management team had not always gained people's consent to their care.

During our last inspection, we made a recommendation around the induction process for staff. We looked at this process during the inspection and found changes had been made. We spoke to staff members who had recently started working at the service. One staff member told us, "I have had lots of training and support; I completed shadow shifts and did not begin working on my own until I was confident."

We reviewed staff supervision and appraisals at this inspection and found staff supervision and annual appraisals were taking place and documented. Staff told us they were able to access informal support from other staff members and management in between supervisions.

People received care which was relevant to their needs and effective because they were supported by an established staff team. They also had received appropriate training such as moving and handling and had a good understanding of people's needs. We confirmed this by our observations during the day. We also looked at training records and talked with staff about individuals who lived at Laurel Villas. For example a staff member said, "We have lots of training opportunities and the manager is supportive".

During our last inspection, we made a recommendation around peoples dietary needs being recorded into their care plans. We looked at peoples care records during this inspection and found the service was pro-active in supporting people to have sufficient nutrition and hydration. We observed people were encouraged to take fluids. People had been assessed on an individual basis and care plans showed associated risk, action plans and people's preferences.

We observed lunch being served, people ate in a relaxed manner and they enjoyed their meals. People had a choice of what they wanted to eat and staff were aware of people's needs in this area. People told us, "I've had a lovely dinner." Also, "The food is very good." And, "The food is excellent." The expert by experience also dined at the service to sample the food and commented this was of a very high quality.

Care plans showed where appropriate the service had made referrals to health care professionals such as the community nursing team and GP's. A professional told us the staff contacted them if required for support. Care staff demonstrated a knowledge of the additional support being provided to people by the community nursing care team and understood how this related to the care they were providing to people.

We looked at the premises and found it was appropriate for the care and support provided. There was a lift which serviced the building and all rooms could be accessed by wheelchair users. Outside garden areas were available for people to access and walk around the building.

Is the service caring?

Our findings

We received consistent positive feedback about care provided at Laurel Villas from people who lived at the home. People we spoke with told us, "They're a very good crowd." Also, "We're very well looked after." And, "Staff are very good, they are perfect."

Relatives we spoke with told us, "It's a lovely place, feels like a home rather than a care home." Also, "Staff have been brilliant for care the family feel more at ease in that she's been looked after." And, "My relative was on a downward spiral when they came in and the staff nursed them back, they were marvellous, this is as good as it gets."

During our last inspection we made a recommendation around involving people and their relatives in the care planning process. We checked improvements had been made at this inspection. The management team and staff told us they fully involved people and their families in their care planning. People told us they were aware of their care plan and felt able to input to it if they wished. One relative told us, "I've been involved in the Care Plan from the beginning."

People's beliefs, likes and wishes were explored within care records and guidance in these records reflected what staff and people told us about their preferences. Each record contained a comprehensive history of each person.

Staff gave us examples of how they had provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke to knew the needs of each person well.

We observed staff as they went about their duties and provided care and support during this inspection visit. We observed staff speaking with people who lived at the home in a respectful and dignified manner. For example we observed staff members speaking to people at their level so they had good eye contact. One staff member was seen to hold a person's hand while supporting them. Staff understood the needs of people they supported and it was apparent trusting relationships had been created. We observed staff speaking to one resident about the football and another was engaging with three people about what was on the television.

We saw staff respecting people's privacy by knocking on people's doors and awaiting a response before entering.

We saw, from care records, staff had discussed people's preferences for end of life care. This meant the provider would know what the person's preferences were and to respect these on death. At the time of our visit, no one living at the service was receiving palliative or end of life care.

There was information available for people about how to access local advocacy services, should they so wish. Advocates are independent people who provide support for those who may require some assistance

to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Information was provided, in accessible formats, to help people understand the care available to them.

Is the service responsive?

Our findings

Relatives we spoke with told us the service was responsive and acted on people's changing needs. One person told us, "When my relative first came in they had to feed her and puree her food. We felt that she might be able to manage more solid food. The staff got a dietician in and changed her food and she now feeds herself." Another said, "They moved my relative into a bigger room for the hoist, this is much better for them and the staff."

We saw care records were written in a person centred way and observed staff followed guidance in care records. For example we observed one lady was wearing her glasses in the bright lights of the corridor as documented in her care plan. Care records were regularly reviewed. This meant people received personalised care, which met their changing needs. People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care.

We found assessments were undertaken by management prior to any person being accepted into the home. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used as a basis on which to formulate a care plan. Individuals and or their relevant family members had been consulted during the assessment process.

Documentation was shared about people's needs should they visit for example the hospital. This meant other health professionals had information about individuals care needs before the right care or treatment was provided for them.

People had access to external healthcare professionals in order to maintain their wellbeing. We looked at records, which detailed visits and appointments people had with outside health agencies. We saw people received the appointments they needed.

People and their relatives told us staff communicated with them regularly to ensure they were aware of any matters affecting people's care. One person told us, "They contact us when they need to."

People told us, "We have bingo on a Friday; they have games like skittles if you want to play." And, "The staff would support me if I wanted to do something."

We saw people engaging in activities positively with staff. People were supported and encouraged to take part in activities, these were provided by the care staff and included one to one time and games. During the afternoon of the inspection visit there was a group of people being supported by staff to play dominoes in the garden.

People were encouraged to raise any concerns or complaints. The service had a complaints procedure. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

There was a system for recording and managing complaints and concerns. We saw evidence of complaints and information was available to demonstrate how those complaints had been reviewed, investigated and responded to.

Is the service well-led?

Our findings

People who lived at the home and relatives told us the home was well led. Comments included, "Yes, she [the registered manager] runs a very tight ship and is clever in the way she chooses her staff." And, "The manager is always approachable." Staff we spoke with told us, "The manager is very supportive and always willing to help with any problems both inside and outside of the workplace." And, "There is good support from management they will always help us out if we are busy".

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received safe, effective and appropriate care. Regular checks had been undertaken looking at care files and daily records. The registered manager provided us with evidence of some of the checks that had been carried out on a daily, weekly and monthly basis.

However checks were not always robust and effective. For example, we checked cleaning schedules and saw these had not been signed off by the registered manager. We spoke to the registered manager about this and they informed us they checked these monthly however this check was not documented. It was discussed with the registered manager the need for this oversight to ensure the correct procedures were being followed.

Other checks included areas such as medicines management and health and safety. We saw that where the need for improvement had been highlighted action had been taken to improve systems. For example, following some concerns around medicines management action had been taken to minimise a re-occurrence. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided. However these had not picked up on the failings around valid consent and infection control highlighted in this report.

We recommend the service ensures there is adequate oversight of quality assurance checks to ensure monitoring is robust and effective.

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

We found the registered manager to be familiar with people who used the service and their needs. This showed the registered manager took time to understand people as individuals and ensured their needs were met in a person centred way.

We found minutes of meetings were retained and staff confirmed they had meetings, so they could get together and discuss any relevant topics in an open forum.

We saw 'handover' meetings were undertaken on each change of shift. These helped to make sure any

change in a person's condition and subsequent alterations to their care plan were effectively communicated and staff were clear about any follow up action required.

We looked at policies and procedures relating to the running of the service. These were reviewed annually. Staff had access to up to date information and guidance. We found procedures were based on best practice and in line with current legislation. Staff were made aware of the policies at the time of their induction and had full access to them.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the service had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The service had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.

We found the management team receptive to feedback and keen to improve the service. They worked with us in a positive manner and provided all information we requested.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not have suitable arrangements to ensure the treatment of service users was provided with the consent of the relevant person in accordance with the Mental Capacity Act 2005.</p> <p>Regulation 11(1) (2) (3)</p>