Care Uk Community Partnerships Ltd

Laurel Dene

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This was an unannounced inspection that took place on 17 March 2015.

Laurel Dene is a nursing home providing care and support for up to ninety nine older people, who may have dementia. The service is owned and managed by Care UK.

The home 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 and associated Regulations about how the service is run.

In June 2013, our inspection found that the home met the regulations we inspected against. At this inspection the home met the regulations.

People and their relatives told us the home provided a good service and they enjoyed living there, although some told us that some areas such as the laundry and

Summary of findings

staffing levels could be improved. Other people were satisfied with the staffing levels and laundry service provided. The staff team were caring, attentive and provided the care and support they needed in a friendly and kind way. The home provided an atmosphere that was enjoyable and people said it was a nice to live.

We recommend that the home reviews its staffing numbers and the method used to calculate the number of staff required.

The records were comprehensive and kept up to date. They contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties well. People and their relatives were encouraged to discuss health needs with staff and had access to community based health professionals, as required. They were protected from nutrition and hydration associated risks with balanced diets that also met their likes, dislikes and preferences. Relatives were positive about the choice and quality of food available.

The home was well maintained, furnished, clean and provided a safe environment for people to live and work in.

The staff we spoke with were very knowledgeable about the people they worked with and field they worked in. They had appropriate skills, training and were focussed on providing individualised care and support in a professional, friendly and supportive way. Staff said they had access to good support and career advancement.

Relatives said the management team at the home, were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service 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 said they were safe. There were effective safeguarding and risk assessment procedures that were followed. Although the home had appropriate numbers of well-trained staff during the inspection, the majority of people we spoke to thought more staff were required.

People's medicine records were up to date. Medicine was audited, safely stored and disposed of.

Requires improvement

Is the service effective?
The service was effective.

People received specialist input from community based health services. Their care plans monitored food and fluid intake and balanced diets were provided. The home's was decorated and layed out to meet people's needs and preferences.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interest' meetings were arranged as required.

Good

Is the service caring?
The service was caring.

People felt valued, respected and were involved in planning and decision making about their care. The care was centred on people's individual needs.

Staff knew people's background, interests and personal preferences well and understood their cultural needs. They provided support in a kind, professional, caring and attentive way that went beyond their job descriptions. They were patient and gave continuous encouragement when supporting people.

Good

Is the service responsive?
The service was responsive.

People had their support needs assessed and agreed with them and their families. They chose and joined in with a range of recreational activities. Their care plans identified the support they needed and it was provided. People told us that any concerns raised with the home or organisation were discussed and addressed as a matter of urgency.

Good

Is the service well-led?
The service was well-led.

Good

Summary of findings

There was a positive culture within the home that was focussed on people as individuals. People were enabled to make decisions by encouraging an inclusive atmosphere. People were familiar with who the manager and staff were.

Staff were well supported by the manager and management team. The training provided was good and advancement opportunities available.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Laurel Dene

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 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.

This was an unannounced inspection and took place on 17 March 2015.

This inspection was carried out by an inspector, expert by experience and clinician, who was a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

There were 82 people living at the home, three of which were in hospital during the inspection. We spoke with 30 people, six relatives, ten care workers and the deputy and manager.

Before the inspection, we considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for ten people living at the home.

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.

Requires improvement

Is the service safe?

Our findings

People and their relatives said they thought the service was safe. One person told us, "I feel safe living here." Another person said "I think there are enough staff." A further person told us "I ring the bell and they don't come. I ring again and someone might come. I'm not on my last knockings but some people are. They should come straight away." Another person commented "You've got to be fit to be here. If they are rolling me to and fro to get me into a sling they can be a bit rough. When I ask them to stop, they don't. They've got their plan and that's it. The 'getting up team' I think have to wash and dress so many people before breakfast, they are looking at the time and the care business is one where you can't hurry." A relative said"The staff are very good, but sometimes I think there is not enough cover." Relatives said they had never witnessed bullying or harassment at the home. One relative told us "People are really well treated".

There were just sufficient staff to meet the needs of people during our visit. The staff on duty during the inspection reflected the staff rota and people's needs were met, although we saw staff were very busy at certain times of the day in a number of different areas within the home. This meant that some people had to wait to have their needs met. Our observations on one dementia unit, during lunch showed that people's needs were met, but staff had to work quickly and hard to achieve this with some people having to wait for their lunch whilst other people were finishing theirs. Staff also sometimes had responsibility for other roles outside their caring duties, such as laundry. The manager said that the staff rota was flexible to meet people's needs. Extra staffing was supplied as required and there was access to extra staff should they be needed. Relief staff cover was provided from within the organisation.

Staff had received safeguarding training and were aware of how to raise a safeguarding alert and the circumstances under which this should happen. Safeguarding information was provided in the staff handbook and a safeguarding pathway with local authority contact numbers was on display in the office. There was no current safeguarding activity. Previous safeguarding issues had been suitably reported, investigated, recorded and learnt from. The home had policies and procedures regarding protecting people from abuse and harm. Staff were trained in them and we saw them being followed during our visit. We asked staff to explain their understanding of what abuse was and the action they would take if they were confronted by it. Their response met the provider's policies and procedures. They said protecting people from harm and abuse was part of their induction and refresher training.

People's care plans contained risk assessments that enabled them to take acceptable risks and enjoy their lives safely. There were risk assessments for health and aspects of people's daily living including social activities. The risks were reviewed regularly and updated when people's needs and interests changed. There were general risk assessments for the home and equipment used that were reviewed and updated. These included fire risks. The home and grounds were well maintained and equipment used was regularly checked and serviced.

The staff shared information within the team regarding risks to individuals. This included passing on any incidents that were discussed at shift handovers and during staff meetings. There were also accident and incident records kept and a whistle-blowing procedure that staff said they would be comfortable using. The care plans contained action plans to help prevent accidents such as falls from happening again.

There was a comprehensive staff recruitment procedure that recorded all stages of the process. This included advertising the post, providing a job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's skills and knowledge of the client group they would be working with. References were taken up prior to starting in post. There was also a six month probationary period, at the start of which new staff shadowed experienced staff. The home had disciplinary policies and procedures that were contained in the staff handbook and staff confirmed they had read and understood them. All staff had completed security checks to keep people safe.

The staff who administered medicine were appropriately trained and this was refreshed annually. They also had access to updated guidance. The medicine records for all people using the service were checked and fully completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs.

Requires improvement

Is the service safe?

Medicine kept by the home was regularly monitored at each shift handover and audited. The drugs were safely stored in a locked facility and appropriately disposed of if no longer required.

We recommend that the home reviews its staffing numbers and the method used to calculate the number of staff required.

Good

Is the service effective?

Our findings

During our visit people made decisions about their care and what they wanted to do. Staff were aware of people's needs and met them. They provided a comfortable, relaxed atmosphere that people said they enjoyed. People said they made their own decisions about their care and support and that their relatives were also able to be involved. They said the type of care and support provided by staff was what they needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said told us, "We're lucky; we're well looked after and the food is good." Another person told us, "it's clean and tidy. The food is good. I don't think you can get a lot better than this really, I consider myself lucky. What else do I want here? Nothing." One relative had kept a diary of all the issues they had had with the home that year. It was very full. They agreed that their relative could be difficult sometimes. They complained of items of clothing getting lost in the laundry, other people's clothes appearing in their room, continuity of staff being poor, a need for more staff and that PRN painkillers were hard to get after 5:30pm. They did not feel all ofthese issues had been addressed to their satisfaction.

Staff were fully trained and received induction and annual mandatory training. New staff spent time shadowing experienced staff as part of their induction to increase their knowledge of the home and people who lived there. The communication skills of the staff we observed demonstrated that people were able to understand them and this enabled staff to meet people's needs more efficiently.

There was a training matrix that identified when mandatory training was due. Training included infection control, behaviour that may be challenging, medication, food hygiene, equality and diversity and person centred care. Local authority training courses provided some of the training. There was also access to specialist service specific training such as dementia awareness and diabetes care.

Monthly staff meetings identified group training needs and also focussed on communication. Monthly supervision sessions and annual appraisals took place. These were partly used to identify any gaps in individual training. There were staff training and development plans in place.

Staff received mandatory training in The Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Mental capacity was part of the assessment process to help identify if needs could be met. The Mental Capacity Act and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications under DoLS were submitted by the provider and awaiting authorisation. One had been authorised. Best interest meetings were arranged as required. Best interest meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans.

Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding the type of support required at meal times. Nutritional advice and guidance was provided by staff and there were regular visits by local authority health team dietician and other health care professionals in the community as required. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. Staff said any concerns were raised and discussed with the person's GP. There was a GP practice that attended the home and people could choose to retain their own GP if they preferred. A GP visited during the inspection.

People told us they enjoyed the meals provided. A person using the service said "The food is quite good here. They have made a real effort today but it's always good." During our visit people chose the meals they wanted, there was a good variety of choice available, the meals were of good quality and special diets on health, religious, cultural or other grounds were provided. The lunch we saw was well presented, nutritious and hot. Meals were monitored to ensure they were provided at the correct temperature. There were special St Patrick's day menus on the lunch tables to celebrate St Patrick's Day. Lunch on the ground floor was a sociable occasion. The carer on duty reminded people of what they had ordered to eat and offered them alternatives in case they wanted to change their mind.

During lunch, on a dementia unit, staff were trying hard to get people's meals out to them quickly so they would be hot. They did not have enough time to have more than a

Good

Is the service effective?

very brief conversation with people, support them and the process was hurried. There was little conversation or stimulation. Gradually as more people finished their meals staff had more time to spend with people, conversations took place and the room came to life.

The home had de-escalation rather than a restraint policy that staff had received training in. They were aware of what constituted lawful and unlawful restraint. There was individual de-escalation guidance available. There were no instances of restraint recorded.

People's consent to treatment was regularly monitored by the home and recorded in the care plans. Staff continually checked that people were happy with what they were doing and the activities they had chosen throughout our visit.

Good

Is the service caring?

Our findings

People told us that the service treated them with respect, dignity and compassion. The staff made an effort to make sure people's needs were met and this was reflected in the care practices we saw. They enjoyed staying at the home and were supported to do what they wanted to. Staff listened to what people said, their opinions were valued and we were told staff were friendly and helpful.

One person we spoke to told us, "They do everything they can for you. Staff are nice, pleasant and polite." Another person said, "Staff treat us extremely well". Someone else said, "I have quite a bit of fun with the staff. I try to learn their names. We've lost one or two good ones. We've got new friends to make now." A further person told us "Some of the staff are nicer than others, let's put it that way." Someone else said "I have not been here long. They're going to move me to a bigger room when they can. I've got somewhere to sit and watch TV".

Staff were skilled, patient, knew people, their needs and preferences very well. They made an effort to ensure people led happy and rewarding lives. People were treated equally, with compassion and staff did not talk down to them. Rather they listened. The caring approach of staff was supported by the life history information contained in care plans that people, their relatives and staff contributed to and regularly updated. People's personal information including race, religion, disability and beliefs was also clearly identified in their care plans. This information enabled staff to respect them, their wishes and meet their needs. The care plans contained people's preferences regarding end of life care.

There was an advocacy service available through the local authority. Currently people did not require this service.

The home had a confidentiality policy and procedure that staff said they were made aware of, understood and followed. Confidentiality was included in induction and on going training and contained in the staff handbook. There was a policy regarding people's privacy, dignity and right to respect that we saw staff following throughout our visit. They were very courteous, discreet and respectful even when unaware that we were present.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. Relatives we spoke with confirmed they visited whenever they wished, were always made welcome and treated with courtesy.

Good

Is the service responsive?

Our findings

People said that they were asked for their views, opinions and choices by staff and the home both formally and informally and this took place during our visit. Staff enabled them to decide things for themselves, listened to them and took action if needed. Staff made themselves available to talk about any problems and wishes people might have as required when possible. Needs were met and support provided appropriately. One person said, "If I ask something, I get a good response." A relative told us "I have checked and corrected care plans." Another relative said, "I am a regular visitor and have frequent contact with the team leader. The staff all know mum." A further relative told us "There's a lady who gets on the phone straight way if there's anything wrong."

Prior to moving in people were provided with written information about the home and what care they could expect. People, their relatives and other representatives were fully consulted and involved in the decision-making process. They were invited to visit as many times as they wished before deciding if they wanted to move in. Staff told us the importance of considering people's views as well as those of relatives so that the care could be focussed on the individual. One person said "The questions were quite searching."

People were referred by local authorities and privately. Assessment information was provided by local authorities and sought for the private placements where possible. Information was also requested from previous placements and hospitals. This information was shared with the home's staff by the management team to identify if people's needs could initially be met. The home then carried out its own pre-admission needs assessments with the person and their relatives.

Throughout our visit people were consulted by staff about what they wanted to do and when. One person said that they were able to get up at the time they wanted. They were reminded of and encouraged to join in activities and staff made sure no one was left out. People were also encouraged to interact with each other rather than just staff. There were daily activity plans and an activities co-ordinator. A relative said, "People do as they wish." The activities included exercise to music, book club, film club, visits to the shops at Richmond, reminiscence sessions and coffee morning each Friday. One person was in bed alone in their room. They had a set of colouring pens on the table beside their bed. They said "[The activity co-ordinator] brought them in to me. There's not much to do. [My grandchildren] come and visit me" Another person said "The garden is lovely. That's the thing that sold it to me. There's a person on another floor who looks after it. They are always out there doing something."

We spoke to some visitors who told us about the "Friends of Laurel Dene" a group who helped raise funds for extra facilities at the home. They gave the giant chess set in the garden as an example. Some craft products people had made were also sold to raise funds for Friends of Laurel Dene. Visitors said that people and the home were involved in the local community. Local schools visited the home and people had attended school concerts.

The home's pre-admission assessment formed the initial basis for care plans. The care plans were comprehensive and contained sections for all aspects of health and wellbeing. They included consent to care and treatment, medical history, mobility, dementia, personal care, recreation and activities and last wishes. They were focussed on the individual and contained people's 'Social and life histories'. These were live documents that were added to by people using the service and staff when new information became available and if they wished. The information gave the home, staff and people using the service the opportunity to identify activities they may want to do.

People's needs were regularly reviewed, re-assessed with them and their relatives and care plans changed to meet their needs. The plans were individualised, person focused and developed by identified lead staff and people using the service. People were encouraged to take ownership of the plans and contribute to them as much or as little as they wished. They agreed goals with staff that were reviewed and daily notes confirmed that identified activities had taken place.

People and their relatives told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly.

Good

Is the service responsive?

People and their relatives were invited and encouraged to attend regular meetings to get their opinions. The meetings were minuted and people were supported to put their views forward including complaints or concerns. The information was monitored and compared with that previously available to identify that any required changes were made.

Good

Is the service well-led?

Our findings

People were actively encouraged to make suggestions about the service and any improvements that could be made during our visit. There were regular minuted meetings that enabled everyone to voice their opinions.

Most relatives told us there was an open door policy that made them feel comfortable in approaching the manager, staff and organisation. One person told us, "If we ask, we get a response." A relative said, "People listen".

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said that they were explained during induction training and regularly revisited during staff meetings. The management and staff practices we saw reflected the vision and values as they went about their duties.

There were clear lines of communication within the organisation and specific areas of responsibility and culpability. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns.

Staff told us the support they received was good. Most thought that the suggestions they made to improve the service were listened to and given serious consideration by the home. They said they really enjoyed working at the home. A staff member said, "I really enjoy working here". Another member of staff told us, "The training is good and we get support, although we could do with more staff."

Records showed that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly. This included hospital admissions where information was provided and people accompanied by staff. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that contained performance indicators, identified how the home was performing, any areas that required improvement and areas where the home was performing well. Concerns about staffing levels were picked up, the manager said staffing levels were adjusted as required and there was access to extra staff should they be needed.

The home used a range of methods to identify service quality. These included daily, weekly and monthly manager and staff audits that included, files maintenance, care plans, night reports, risk assessments, infection control, the building, equipment and medicine. There were also shift handovers that included information about each person.