

The Laurels Care Centre Limited

# The Laurels Care Centre Limited

## Inspection report

70 Union Road  
Clapham  
London  
SW4 6JT

Tel: 02074987500  
Website: [www.laurelscare.org](http://www.laurelscare.org)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

The Laurels Care Centre Limited is a residential care home providing personal and nursing care to 37 people aged 65 and over at the time of the inspection.

The Laurels Care Centre Limited accommodates up to 63 people in one adapted building. At the time of the inspection the second floor was closed for refurbishment.

### People's experience of using this service and what we found

Staff did not always receive regular supervision of their work, and staff had not had an annual appraisal. Registered nurses were not up to date with medicines training and competency, with the provider ensuring this was booked following inspection. Furthermore, staff reported low morale amongst the workforce and did not feel that management were approachable.

The provider recognised that improvements were needed to ensure people's care plans were relevant and covered each area of people's support needs.

Medicines were safely managed and risks to people were suitably assessed. The provider reviewed staffing levels to ensure they met people's needs and recruited staff safely. Safeguarding allegations were reported and investigated. Steps were taken to prevent the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, DoLS applications were not always submitted in a timely manner.

People received support to eat and drink in line with their preferences. When people needed to access healthcare professionals staff supported them to do so. The premises were suitable to meet the needs of people living there.

People felt well cared for and that staff treated them well. Staff supported people with their independence and ensured they maintained their privacy and dignity. People and relatives were consulted on their care needs, with their cultural and religious needs being met.

A range of activities were on offer, with people participating regularly. People were supported to maintain important relationships. Where end of life care was required people were supported to express their wishes where they were able to. Complaints and concerns were responded to appropriately.

The provider had taken steps to identify areas for improvement across the home, and an action plan was in place. The provider worked alongside other agencies to support care delivery across the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 14 November 2017).

#### Why we inspected

This was a planned inspection based on the previous rating. The inspection was also prompted in part due to concerns received about falls management, medicines errors and staff wellbeing. A decision was made to inspect and examine those risks.

You can see what action we have asked the provider to take at the end of this full report.

We have found evidence that the provider needs to make improvement. Please see the 'Safe', 'Effective', 'Responsive' and 'Well-led' sections of this full report.

#### Enforcement

We have identified breaches in relation to staff support and training and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Laurels Care Centre Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors, a nurse specialist advisor 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.

#### Service and service type

The Laurels Care Centre Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with four people living at the home and three visiting relatives. We spoke with four healthcare assistants, two nurses and the chef. We also met with the deputy manager and a consultant supporting the home. We reviewed a range of records. This included five people's care files, four staff records and a range of documents relating to the management of the home. This included provider policies and quality assurance audits. At the time of our inspection the registered manager was on annual leave.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further information in relation to premises safety and multiple documents the provider sent us to evidence improvements they were undertaking following our inspection feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Prior to the inspection we had received concerns in relation to the reporting and investigation of medicines errors. We reviewed the provider's incident reports and found that action taken following any incidents were suitably recorded and lessons learnt.
- We found that medicines were managed consistently and safely in line with national guidance. Staff were patient and kind during medication administration and ensured medicines were stored correctly.
- Staff were aware of good practice guidelines and were able to verbalise to us how they promoted this in their day to day work.

### Staffing and recruitment

- Staff records did not always include two previous employment references for those staff that had already commenced work. Following our inspection the provider sent us copies of the references they were unable to source on the day.
- Staffing levels were maintained to meet the current needs of people living at the home. During the inspection we identified there were sufficient staff available to keep people safe.
- The above points notwithstanding; records showed that all staff were subject to a regular Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. We reviewed the Nursing and Midwifery Council pin registration and found that these were also up to date.

### Assessing risk, safety monitoring and management

- People and relatives told us they felt people were safe living there. Comments included, "I am very safe. It's perfect here. I do not have any worries" and "Yes, she is safe. It has been a very good home. Staff look after her because she cannot use her buzzer."
- Risks to people were routinely assessed, however these required improvements to ensure that they were up to date and reflected people's current needs.
- There were a variety of risk assessments in place to recognize people who may need further provision and help to keep them safe. There were a wide range of assessment tools in place to mitigate risk. However, these could be expanded in detail for areas such as repositioning frequency and mental health needs. We raised this with the provider who informed us they had identified that records required improvement.
- The service carried out regular fire tests to keep people safe. Following the inspection, the provider sent us

records of weekly fire panel checks. Records confirmed Personal Emergency Evacuation Plans were in place and gave staff clear guidance on supporting people to evacuate the premises in the event of an emergency.

- Records confirmed maintenance issues reported by staff members were actioned swiftly. For example, on the same day or day after they were reported.

#### Learning lessons when things go wrong

- Any incidents and accidents were promptly reported, with staff being aware of their responsibilities. A staff member told us, "I always will call someone and report it to the person in charge on duty. I would then record it. They will then take over."

- Records showed that incident reports were completed in a timely manner. However, we identified that some incident forms completed by staff required further detail as to the action taken. Despite this point, management completed a full audit of incident outcomes on a monthly basis.

#### Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding adults policy and procedures and staff were aware of this.

The staff had a clear understanding of the different types of abuse, how to recognise these and what to do should they witness any poor practice.

- There were comprehensive safeguarding and whistleblowing policies in place. Staff said they received the training they needed to understand safeguarding processes.

- Staff knew of their responsibilities in protecting people from abuse. Comments included, "We report it and whistle blow to the most senior person in charge and on duty, they report to management and deal with it. We can go over their head to headquarters."

#### Preventing and controlling infection

- Staff understood their responsibilities in relation to infection control telling us, "We have enough aprons and gloves. If we are starting to run out, we can talk to the nurse who will go and get us some more."

- We observed the premises to be clean, with regular cleaning schedules in place to ensure that people's rooms and communal areas were well kept.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- People received care and support from staff that did not always receive up-to-date training to enhance their skills and knowledge. Records showed not all staff had received safeguarding, equality and diversity, deprivation of liberty safeguards, Mental Capacity Act 2005, medicines administration and fire safety training. In addition to this, we also identified of the eight permanent registered nurses, three had not received medicines administration training and three registered nurses' medicines training had expired.
- Following the inspection, the provider confirmed to us that all nurses had been booked onto upcoming medicines administration training.
- Notwithstanding the above, comments from staff included, "I've had safeguarding, confidentiality, first aid, infection control and Mental Capacity Act 2005 training. I think we are given enough training."
- Newly employed staff underwent an induction programme to familiarise themselves with people, the service and their roles and responsibilities. Staff confirmed they reflected on their working practices through regular supervisions with senior staff. Supervision records detailed the staff member's strengths, weaknesses, what support they required to improve their weaknesses and an action plan.
- During the inspection we found one completed appraisal form and there was no further documentation to confirm staff received an annual appraisal. We shared our concerns with the deputy manager, who said, "We are aware that some of the records aren't in place"; and confirmed these hadn't been conducted. Following the inspection the provider informed us that appraisals were scheduled for September 2019.

The above issue demonstrates a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider had applied for DoLS authorisations where necessary, with any conditions recorded within people's care files and responded to as appropriate. However, records showed that these had not always been submitted in a timely manner. We will check on the providers improvements with this at our next inspection.
- Where people needed bed rails to keep them safe appropriate capacity assessments had been completed. When people did not have the capacity to make their own decision, best interest meetings had been held and suitably recorded.
- Staff had a good understanding of the need to obtain consent before providing care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed in line with best practice such as the Waterlow score to monitor skin integrity and the Malnutrition Universal Screening Tool (MUST) for assessing nutritional needs and weight loss.
- Prior to people being admitted to the home their needs were assessed to ensure that the home were able to meet their needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to access sufficient amounts of food and drink to meet their dietary needs and preferences. The chef had a clear understanding of people's specialist dietary requirements, for example, people who needed soft foods, diabetics and people who required specific foods to increase their weight.
- People who had cultural food preferences were catered for, for example Caribbean foods and people who were unable to eat pork due to their spiritual beliefs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a range of healthcare professionals so that their needs were met. Records showed that people accessed chiropodists, speech and language therapy, the tissue viability nurse, district nurse and podiatry.
- A staff member said, "We work with other professionals and organisations to make sure residents get the best care."

Adapting service, design, decoration to meet people's needs

- The service was designed to meet people's needs, including suitable signage on the dementia floor to support people with orientation. People also had memory boxes outside their rooms to reflect their likes and support reminiscence.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now or remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives told us staff were improving their consultation in relation to people's care, such as "They [the staff members] are now asking me about [my relative]."
- Care plans were in place that detailed people's care needs and preferences. However, we found that they could be more personalised and details could be clearer. We raised this with the provider who told us they had already identified that this was an area for improvement and they had an action plan in place to update each person's care records. We will check on their progress at our next inspection.
- Pre-admission profiles and assessments contributed to care plans for people. These were in the process of becoming more personalised.

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

- People and their relatives told us they were well treated. Comments included, "I love it here. It is a lot of fun. They have known me for so long. They are very good. They are very kind. I cannot complain at all. They definitely respect me. They are gorgeous" and "Yes, I am very happy with the way she is treated. They are very kind."
- We observed good interaction between staff and residents. Staff appeared to have a good understanding of individual preferences. We saw some people being given one on one attention in the lounge, with staff being careful to include everyone. The atmosphere in the lounges was very positive.
- Staff respected people's diverse needs with one staff member telling us, "People have different cultural needs, we have people here who are Muslim, Christian, Catholic and Atheists. We are not to force our religion on people. The pastor comes here to see the residents." One staff member told us how they had been trained to support some people to wear their religious garments.

Respecting and promoting people's privacy, dignity and independence

- One person said, "I am undoubtedly treated with dignity and respect. The staff all know me. I am so happy about that. We have a chat. I am so happy. They are very caring people."
- Staff knew how to ensure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms.
- Staff tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. For example, several people over the lunchtime period were supported to maintain their independence to eat their meal at their own pace without being rushed in any

way. They offered people choices with their daily living.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

### End of life care and support

- People were supported to express their end of life wishes, however some people's records were lacking in detail about their preferences.
- We raised this with the provider who told us they would review these needs as part of their review of all people's care records. We will review this at their next inspection.

### Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff spoke about people's strengths, levels of independence and their health and quality of life so it was clear they knew them well.
- Where we identified that one person's care records would benefit from additional information in relation to their preferences, the provider submitted further evidence to show that they sought this information following inspection.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Important information such as the complaints procedure and reporting any safeguarding concerns, were available to people in easy read formats.

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

- People were supported to participate in regular activities and visits from family were supported. During the lunch period we observed some people being supported by visiting family members.
- People told us, "The activities are excellent. They are so lovely. I have no concerns" and "The activities programme is excellent." We witnessed a very vibrant activity session (ball games) at which there was real engagement from people, with much laughter and enjoyment. It was clear that people were really enjoying the activity. We saw written evidence of recording visits of the activities co-coordinator to people not able to leave their rooms.

### Improving care quality in response to complaints or concerns

- The provider took appropriate action to respond to any complaints that were raised. One relative told us, "I did raise a concern, and was very satisfied with the management response."
- We reviewed the provider's complaints records and saw that when raised any issues had been responded to promptly and that outcomes reached from each issue were clearly recorded.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a systematic culture of poor morale within the service. Staff told us there were cultural differences within the team which impacted on staff morale, this was evident during the inspection. Staff appeared uncomfortable with one another and at times became heated in debate.
- At the time of inspection the majority of staff told us they did not feel able to approach the registered manager and did not always feel supported. Staff reported being unsettled by management changes and were not clear on the vision of the service.
- We recommend that management action is taken to ensure that conflicts are resolved in a timely manner to ensure there is a healthy working environment.

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

- Staff told us and records showed that team meetings were not always held regularly. Staff also reported to us that supervisions had not been held regularly, and we found no evidence of staff appraisals.
- Daily briefing meetings were held that provided an opportunity to discuss people's care and handover important information between shifts.
- At the time of inspection we saw records of resident and relative meetings, however these were poorly attended. Following the inspection, the provider sent us an updated list of scheduled meetings across the year.

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

- Records showed that the provider had not notified us of two important incidents in a timely manner. Incident reports showed that these had been investigated effectively, and the provider sent us the appropriate notifications following the inspection.
- Quality assurance checks were conducted regularly, however these did not always identify the issues we found at inspection. For example, a medicines audit stated there were no omissions in medicines recording; however we found some minor recording errors. Missing staff training had also not been identified and promptly actioned.
- The provider confirmed to us that care plan records needed improving, however at the time of inspection

only one person's records had been updated. This issue had also been highlighted by a recent local authority visit.

The above issues demonstrate a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care; Working in partnership with others

- The above points notwithstanding; people and relatives told us that the new manager was improving care delivery. Comments included, "She is a very good manager. I love it here" and "The manager is very approachable. If I have a concern she will listen. She is improving the place. She is very pleasant."
- The provider worked with other agencies to meet people's care needs. This included regular liaison with the district nurse and a regular visiting GP to assess people's health conditions.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a clear understanding of the duty of candour. Following a recent complaint the provider had been transparent in their error and responded accordingly. Furthermore, they recognised the areas identified for improvement during the inspection.



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	Regulation 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	Staff did not feel supported by management. People's records required updating to ensure they reflected current need. Prompt action had not always been taken through quality assurance checks to ensure staff were fully supported and trained. Regulation 17(1)(2)
Treatment of disease, disorder or injury	

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	Staff were not always up to date with training requirements and staff were not always regularly supported through supervision and appraisal. Regulation 18 (2)
Treatment of disease, disorder or injury	