

# Care UK Community Partnerships Ltd

## Laurel Dene

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Laurel Dene is a care home providing personal and nursing care for older people. The service can support up to 99 people. There were 97 people using the service during the inspection. The provider is Care UK Community Partnerships Limited and is situated in the Hampton area of London.

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

People said, and their relatives confirmed that Laurel Dene was a nice place to live and living there was a good experience. Staff told us it was a very good place to work. People using the service, relatives and staff all felt the home was a safe place to live and work in. Risks to people were fully assessed, enabling them to enjoy their lives and take acceptable risks, whilst living safely. The home reported, investigated and recorded accidents and incidents and safeguarding concerns. Staff were appropriately recruited and there were enough of them to meet people's needs. Medicine was safely administered.

People's diverse needs were met, they were treated with equality and did not encounter discrimination. Staff were well-trained and supervised and spoke to people in a clear way that people could understand. Staff encouraged people to discuss their health needs, and people had access to community-based health care professionals, as well as the staff team. People were protected, by staff from nutrition and hydration risks and they were encouraged to choose healthy and balanced diets that also met their likes, dislikes and preferences. The premises were adapted to meet people's needs. Transition between services was based on people's needs and best interests.

The home had a warm, friendly and welcoming atmosphere, provided by all staff irrespective of their roles who provided care and support in a way people enjoyed. The staff we met were caring, compassionate and provided positive interactions for people, throughout our visit. Staff observed people's privacy, dignity and confidentiality and encouraged and supported them to be independent. If required people had access to advocates.

People were provided with person-centred care and their needs were assessed and reviewed with them. They did not experience social isolation, had choices, and pursued their interests and hobbies, as they wished. People were provided with information, to make decisions and end of life wishes were identified and recorded. Complaints were investigated and recorded.

The home promoted an open, positive and honest culture with transparent management and leadership. There was a clear organisational vision and values. Service quality was regularly reviewed, and areas of responsibility and accountability established. Records were kept up to date and audits carried out, when required. Good community links and working partnerships were established and registration requirements met.

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.

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 the last inspection and update

The last rating for this service was good (published 28 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Laurel Dene

## 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

The inspection was carried out by one inspector.

#### Service and service type

Laurel Dene is a care home. People in care homes receive accommodation and nursing or personal care as a 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 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. We checked 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. We used all this information to plan our inspection.

#### During the inspection

We spoke with 16 people, eight relatives, 25 care staff, and the registered manager. We looked at the

personal care and support plans for 12 people and ten staff files. We contacted two health care professionals to get their views.

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.

After the inspection

We requested additional evidence to be sent to us after our inspection. This included a training matrix, quality audits and details of activities. We received the information which was used as part of our inspection.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- The home employed enough staff to flexibly provide care to meet people's needs. The staff numbers matched the rota, during our visit, meaning people's needs were met and they could safely do the activities they wanted to.
- The staff recruitment process was thorough, and records demonstrated that it was followed. The process included scenario-based interview questions to identify prospective staff' skills, perceptions and knowledge of providing care and support. References were taken up, work history confirmed and Disclosure and Barring Service (DBS) security checks carried out prior to staff starting in post. There was a three-month probationary period.
- Staff received six weekly supervision and annual appraisals. There were monthly staff and clinical meetings.

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

- People had relaxed and positive body language which indicated they felt safe. One person told us, "Safe as houses." Another person said, "I'm very happy here, it gives me a sense of security." A further person commented, "It is very safe here I can sleep at night."
- Staff had received safeguarding training. They were aware of how to identify abuse, the action to take if encountered and how to raise a safeguarding alert. There was no current safeguarding activity.
- Staff had access to up to date provider safeguarding and abuse policies and procedures.
- Staff advised people how to keep safe and areas of individual concern were recorded in people's care plans.
- There were regularly reviewed and updated general risk assessments. They included equipment used to support people which was serviced and maintained. There were clear fire safety plans for staff about what to do in the event of an emergency. Fire drills were regularly held.

### Assessing risk, safety monitoring and management

- Staff were trained to assess risks to people and measures were in place to minimise risks, with clear directions for staff. This included people's health, daily living and social activities that were regularly reviewed and updated as people's needs, and interests changed.
- People who displayed behaviours that challenged at times had clear records of incidents and plans in place to reduce them. Records showed that action was taken, and the advice of specialist professionals sought when they happened. The staff shift handovers included a person by person break-down.
- During our visit staff checked on people frequently to ensure that they were safe.

### Preventing and controlling infection

- Staff working practices we observed, reflected that they had effective infection control and food hygiene training. The premises were very clean. We observed staff wearing appropriate personal protective equipment (PPE) when supporting people and washing their hands using recognised techniques. These included protective gloves and aprons.
- Regular infection control audits took place.

### Learning lessons when things go wrong

- The home maintained accident and incident records and there was a whistle-blowing procedure that staff were comfortable using. Incidents were analysed to look at ways of preventing them from being repeated.
- People who were assessed as being at high risk of falls or choking had clear plans in place to reduce the likelihood of these incidents happening again. Falls were recorded, and the registered manager analysed them to look for patterns and trends.
- The home issued regular written safety bulletins, so staff could learn from experiences. These included topics such as falls and health and safety.

### Using medicines safely

- Medicine was safely administered, regularly audited and appropriately stored and disposed of. People's medicine records were fully completed and up to date. Staff were trained to administer medicines and this training was regularly updated. If appropriate, people were encouraged and supported to self-administer their medicines.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Where a service was commissioned by, for example, a local authority the commissioners were required to provide the home with an assessment. Information was also requested from any previous placements before a new person moved in.
- The home, person and relatives carried out a pre-admission needs assessment together. The speed of the pre-admission assessment and transition was at a pace that suited the person, their needs and that they were comfortable with. One person told us, "I came temporarily, stayed and there has been a big improvement in my health." Another person said, "What's not to like." A relative remarked, "A godsend. Of all the places we have seen, this is as good as it gets."
- People had their physical, mental, emotional and social needs assessed and their care, treatment and support delivered in line with legislation, standards and evidence-based guidance. This included the National Institute for Health and Care Excellence (NICE) and other expert professional bodies.
- People could visit the home as many times as they wished, before deciding if they wanted to move in. They were able to have a meal, to help them decide. During these visits' assessment information was added to.
- The home provided easily understandable written information for people and their families.
- A number of people had experienced respite care or knew people who lived at the home before moving in. The home was well known in the local community. A relative said, "My aunt was here, and we chose it because we knew it."

Staff support: induction, training, skills and experience

- Staff supported people in a way that meant their needs were well met. This was enabled by the induction and mandatory training staff received. A staff member told us, "I've been working here 17 years, and this is the best [registered] manager I've had. Always supportive."
- New staff were able to shadow the more experienced, as part of their induction. This improved their knowledge of people living at the home, their routines and preferences.
- The induction and probationary period was based on the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors.
- The training matrix identified when mandatory training was required to be refreshed and if this took place. There was specialist training specific to the home and people's individual needs, with detailed guidance and plans. The specialist training included wound, catheter and diabetes care and rota management and report writing.
- Staff were trained in de-escalation techniques to appropriately deal with situations where people may

display behaviour that others could interpret as challenging.

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

- People said the quality, choice and variety of food was very good. The menus and meals we observed reflected this. One person said, "The food is great. If there is something you don't like, they change it."
- People considered mealtimes to be a social event and this was reflected in the variety of conversations they had with staff and each other. There was a great deal of good-natured banter that everyone enjoyed.
- Staff were very attentive but not intrusive towards people encouraging them to eat, but at a speed they were comfortable with. Choices were explained and repeated for people who required this support with staff also explaining and revisiting what the dish was.
- People's care plans contained health, nutrition, and diet information and health action plans. There were nutritional assessments and fluid charts that were completed and regularly updated. Nutrition and hydration audits took place.
- Staff observed and recorded the type of meals people received, to encourage a healthy diet and make sure people were eating properly. Meals accommodated people's cultural and religious needs, activities, their preferences and they chose if they wished to eat with each other or on their own.
- Whilst encouraging healthy eating, staff made sure people had meals they enjoyed.
- Staff ensured the meals were at the right temperature when being served. On one unit staff noticed the mash potatoes were cold and they were sent back.
- Staff frequently went around with drinks to make sure people remained hydrated.

Staff working with other agencies to provide consistent, effective, timely care

- Staff made and maintained solid working relationships with external health care professionals such as GPs, speech and language and physio therapists. They understood the importance of working as a team with external agencies, so that people received joined up, holistic care. Staff also knew how important early intervention was, to keep people healthy and their relationship with external healthcare professionals was the way, to achieve this.
- The home provided written information for health and hospital visits, and staff accompanied people, as required.

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

- The home was appropriately adapted, and equipment provided was regularly checked and serviced to meet people's needs. People could bring items of furniture with them, provided it would fit into their private accommodation.

Supporting people to live healthier lives, access healthcare services and support

- People received regular health checks and referrals were made to relevant health services, when required.
- People were registered with GPs and dentists and a GP practice was attached to the home. The GP visited twice during our visit carrying out agreed routine rounds. People also had access to community-based health care professionals such as the Care Home Support Team, chiropodists, physiotherapists, and opticians.
- Health care professionals did not raise any concerns about the quality of the service provided.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- At this inspection consent to treatment of people or their appointees was obtained.
- Staff we spoke with understood their responsibilities regarding the MCA and DoLS.
- Fifteen people had up to date DoLS authorisations in place and none were awaiting assessment decisions.
- Mental capacity assessments and reviews took place as required.

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

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

- People enjoyed and were relaxed in the company of staff and each other. This was reflected in their positive body language and what they said. One person said, "The quality of care and attention here is very good and I'm very happy here." Another person told us, "I absolutely love it here. Staff are always good to me and there are so many smiling faces."
- People said they did as they pleased with staff support. One person told us, "I check the activities every day. I didn't attend the nursery children visit this morning as I didn't fancy it but will attend the music this afternoon."

People felt respected and relatives said staff treated people with kindness, dignity and respect

- Staff were passionate and committed to the people they cared for and about working at Laurel Dene. They delivered care and support in an empowering and thoughtful way. One staff member said, "I just love working here. I love my job." One person told us, "I would be so unhappy if I had to leave." Another person told us, "I can depend on the staff to look after me."
- Staff were provided with equality and diversity training that enabled them to treat people equally and fairly whilst recognizing and respecting their differences. They reflected this in their inclusive care practices with no one being left out or ignored. Staff treated people with respect and as adults, not talking down to them.
- Staff were trained to respect people's rights to be treated with dignity and respect. They provided care accordingly, which created an enjoyable environment for people to live in. Staff were caring, patient and friendly throughout our visit providing support that respected people and their privacy.

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

- People were supported, by staff to make their own decisions regarding their care, how it was delivered and the activities they took part in.
- Staff checked that people understood what they were saying, the choices available to them and that they understood people's responses. Staff asked what people wanted to do, where they wanted to go and who with. One person said, "I go for a walk up to the town and back." Another person told us, "I went out for a celebration dinner last weekend."

Respecting and promoting people's privacy, dignity and independence

- Staff had a thorough knowledge of people that meant they were able to understand what words and gestures meant and people could understand them. This enabled them to support people appropriately,

without compromising their dignity, for example if they required the toilet.

- Staff were clearly aware that this was someone's home and they must respect this accordingly. One person told us, "If you have an accident, they [staff] don't make a fuss. I'm very settled and all I need now is a good man."
- The home had a confidentiality policy and procedure that staff understood and followed. Confidentiality was included in induction and on-going training and contained in the staff handbook.
- There was a visitor's policy which stated that visitors were welcome at any time with the agreement of people. Relatives said they were made welcome and treated with courtesy. This was what we found when we visited.

# 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.

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

- Staff met people's needs and wishes in a timely manner and in a way that they enjoyed and were comfortable with. One person told us "Everything is hunky dory, not much you can fault here."
- People had care plans individualised to them that recorded their interests, hobbies, health, communication and life skill needs. The care plans also contained people's wishes, aspirations and the support required to achieve them.
- People had their care and support needs regularly reviewed, re-assessed with them and their relatives and updated to reflect their changing needs. People were encouraged to take ownership of their care plans and contribute to them, as much or as little as they wished.
- The registered manager and staff made themselves available to discuss any wishes or concerns people and their relatives might have. People's positive responses reflected the appropriateness of the support they received. One person told us, "If you ask for anything, they will get it for you." Another person said, "Never too much trouble."

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.

- The AIS was being followed by the organisation, home and staff with clear information available to make it easier for people to understand, in their first language. Staff communicated clearly with people which enabled them to understand what they meant and were saying. People were also given the opportunity to respond at their own speed.

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

- One person said, "This beats living by yourself. I don't want to go back to my old house, it isn't right for me now."
- People had choices of individual and group activities, and were given weekly, part pictorial activity schedules. There was a large range of activities available to people that included meet the [registered] manager coffee mornings, quiz, arts and crafts, and card and knitting clubs. There were also very popular visiting musicians who played a variety of music including swing and a singing club.
- Other activities included, gentle exercise, bingo, and visits from a toddler's group and students from a local school. One person told us, "There's always something to do."

- One person using the service runs 'Sheila's Shop' where people, relatives and staff can purchase items at cost.
- The activities co-ordinators did one to one sessions with people, in their own rooms, each day if people were unable to join in with the group sessions.
- Staff were fully aware of the danger of social isolation for people and made an effort to prevent this. During lunch staff provided people with lunch in their rooms, if they required or preferred. When walking down corridors to collect meals they made sure people were eating their meals and enjoying them.
- The activities co-ordinators and other staff frequently checked to ensure that the activities provided were what people wanted.
- People were encouraged to keep in contact with friends and relatives. People regularly received visits from friends and relatives and were encouraged to keep in contact as much as they wished. One person said, "I'm going to my family for Christmas."

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

- People said they were aware of the complaints procedure and how to use it. The complaints procedure was readily available and easy to understand. There was a robust system for logging, recording and investigating complaints.

#### End of life care and support

- Nursing and other staff had received end of life training provided by the Princess Alice Hospice, and people were supported to stay in what had become their own home for as long as their needs could be met. This was with assistance from community based palliative care services, as required. End of life wishes were recorded in people's care plans and there were advanced care plans in place.
- The home also received support from the Care Home Support Team based at Teddington Memorial Hospital.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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 home had a very strong person focussed culture that was positive and open. This was due in great part to the commitment, contribution and attitude of the staff and hands on leadership of the registered manager who listened to people and acted upon their wishes. One person said, "Everyone listens and does something about it if I'm not happy."
- The registered manager operated an open-door policy. A relative told us, "They always let me know what I need to." A staff member said, "If I'm struggling or not sure there is always someone there to ask."
- The organisation had a clearly set out vision and values that staff understood, agreed with and followed. They were explained to staff during induction training and revisited at staff meetings.
- Staff reflected the organisation's stated vision and values with great positivity as they went about their duties.
- There were clear lines of communication and specific areas of responsibility, regarding record keeping.
- Many senior staff were promoted internally and had great knowledge of the home and people who lived there including the registered manager. One staff member told us, "Chris [registered manager] rose through the ranks and I want to do that."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The home and organisation had robust quality assurance systems that contained performance indicators which identified how the service was performing, any areas that required improvement and areas where the service was accomplishing or exceeding targets.
- Audits were carried out by the registered manager, staff team and the internal quality team. They were up to date. There was also an audit action plan. The regional director visited regularly and checked clinical governance as part of their review.
- The regional manager visited monthly as part of their audit review.
- Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.
- The home's previous rating was displayed and available on the organisation's website.
- The registered manager conducted spot checks. There were regular department heads meetings and staff shift handovers where risks, concerns, upcoming events and good practice were shared and then cascaded



down to staff.

- The home and organisation ran a monthly 'Going the Extra Mile' (GEM) colleague recognition scheme, whereby staff were nominated by people using the service, relatives and colleagues for special recognition. Staff were presented with a certificate and their photo was displayed. Long service was also recognized.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The home built close links with services, such as speech and language therapists, GPs, the Princess Alice Hospice and other health care professionals. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- The home actively engaged with the local community including hosting college, school and nursery visits where young people and children had the opportunity to interact with people living at Laurel Dene.
- There were 10 active volunteers who gave their time to provide activities for people, at the home.
- Organisations were also invited to visit such as 'Embracing Age' and local churches.
- The home held meetings for people and their relatives, a survey was carried out and questionnaires were sent out. These included meeting the chef to discuss menus. Staff also received questionnaires. One person said, "I attend the meetings."
- There was also a regular newsletter entitled 'Sparkle'.