

Croftwood Care UK Limited

The Laurels Residential Care Home

Inspection report

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Winsford
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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

About the service: The Laurels is a residential care home providing accommodation and support for up to 40 older people, some of whom are living with dementia. At the time of the inspection there were 38 people living in the service.

People's experience of using this service: Consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005 (MCA) as capacity assessments did not always include a clear decision to be made and the best interest process was not always recorded. It was not clear if applications to deprive people of their liberty had been made for all people who required this. You can see what action we told the provider to take at the back of the full version of this report.

Staff files did not reflect all safe recruitment practices had been adhered to. We made a recommendation about this in the main body of the report.

A range of checks were in place to monitor the quality and safety of the service, but we found that these were not always effective. We made a recommendation about this in the main body of the report.

People felt safe living in The Laurels and relatives were confident that their family members received safe care. There were sufficient numbers of suitably qualified staff on duty, who were knowledgeable about safeguarding processes and how to raise any concerns they had. Risks to people had been assessed and measures put in place to reduce those risks.

The environment of the home had been adapted to meet people's individual needs and a plan of further refurbishment was underway.

People were supported to live healthier lives and staff worked closely with health and social care professionals to achieve this. People told us they saw a doctor quickly when they were unwell and received their medicines when they needed them and we saw that they were managed safely.

Feedback regarding meals was mixed, but everyone told us they had enough to eat and drink. We saw people had choice regarding meals and staff were aware of people's dietary needs and preferences.

People told us staff were kind and caring and treated them with respect. Care was provided in ways to protect people's dignity and privacy and to promote their independence. Staff knew people they supported well, including their needs and individual preferences and care plans in place were detailed and person centred.

People knew how to raise any concerns they had regarding their care and felt confident any issues would be addressed.

Rating at last inspection: This was the first inspection under this registered provider.

Why we inspected: This was a planned comprehensive inspection based on our methodology.

Enforcement: You can see what action we told the provider to take at the end of the full version of this report.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

The Laurels Residential Care Home

Detailed findings

Background to this inspection

The 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.

Inspection team: The inspection was undertaken by an 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.

Service and service type: The Laurels 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. The registered manager was not in work during our inspection and we were assisted by the deputy manager and the area manager.

Notice of inspection: The inspection was unannounced.

What we did: Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We also contacted the commissioners of the service to gain their views and they did not have any concerns.

The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used all this information to plan how the inspection should be conducted.

During the inspection we spoke with ten people who used the service and five people's relatives to gather their views. We also spoke with the deputy manager, area manager, the regional manager and four other members of staff.

We looked at the care files of four people receiving support from the service, three staff recruitment files, medicine administration charts and other records relevant to the quality monitoring of the service. We also 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.

This report reflects the findings of the inspector and the expert by experience.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels and recruitment

- Not all safe recruitment practices were evident as there were gaps in staff members employment history and not all files contained photographic identification of staff.

We recommend the provider reviews and updates recruitment practices to ensure all safe recruitment checks are made and recorded.

- People living in the home told us they were happy with the support they received and did not raise any concerns regarding staffing levels. Most staff agreed staffing levels were sufficient to meet people's needs in a timely way.
- Rota's showed staffing levels were consistent.

Safeguarding systems and processes

- Staff had received safeguarding training and a policy was in place to guide them. Staff were confident about safeguarding processes and how to raise any concerns they had.
- A whistleblowing policy was also in place and staff were aware of the procedures to follow with regards to this.
- A record of safeguarding referrals was maintained and we found that incidents had been referred appropriately.

Assessing risk, safety monitoring and management

- People told us they felt safe living at The Laurels. Their comments included, "You are looked after. You are pretty safe", "I have got no worries about it here" and "This is my home. I feel safe here. I know all the staff. I get on well with all of them."
- Relatives told us, "I know [relative] is in a safe place. It is a clean, tidy place", "I feel she [relative] is secure here" and "With her [relative] staying here it takes my worries away."
- Risks to people had been assessed and were managed in a way that respected individual diverse needs. Measures had been taken to reduce identified risks to people.
- Regular checks were made of the equipment and utilities to ensure they remained safe for use.
- Emergency procedures for keeping people safe were in place and were regularly reviewed and updated as required. This included personal emergency evacuation plans (PEEPs).

Using medicines safely

- Medicines were managed safely and people told us they received their medicines when they needed them.
- Medicines were stored safely in a trolley within a locked room. The temperature of the room and medicine fridge were not recorded daily, those that were recorded were within range.

- Staff had completed training and had their competency checked to ensure they were able to administer medicines safely.

Preventing and controlling infection

- Records showed that staff had completed infection control training and had a policy in place to inform them of best practice and legislation.
- Bathrooms contained liquid soap and paper towels and staff had access to gloves and aprons to help prevent the spread of infection.
- The home appeared clean and was odour free.

Learning lessons when things go wrong

- Accidents and incidents were recorded and reviewed each month to look for any patterns or trends.
- Action was taken following incidents to ensure lessons were learnt and to help prevent recurrence. This included referrals to other professionals and seeking medical advice in a timely way. The deputy manager described a specific incident and the procedural changes made following this, to help ensure the incident did not happen again.

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. 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

- It was not clear if applications to deprive people of their liberty had been made for all people who required one.
- Consent was not always sought and recorded in line with the principles of the MCA. Capacity assessments did not all include a clear, specific decision that needed to be made.
- When people were assessed as lacking capacity to make a decision, best interest decisions were not always recorded.
- Records showed that people with legal authority to make decisions on people's behalf, had not always been included in decisions regarding people's care and treatment.

This is a breach of Regulation in relation to consent.

Supporting people to eat and drink enough with choice in a balanced diet

- People's feedback regarding meals was mixed. Their comments included, "Food is very good. I like what they give me", "Food has been good", "Food is alright sometimes. Other times you may wish you had something else", "Food is not good. A lot of mashed food" and "Food is not too bad, but seems not as well cooked."
- People told us they had enough to drink and could always get a hot drink when they wanted one. Menu's provided a choice of meals and we observed people being offered a choice.
- Staff were aware of people's nutritional needs and preferences and they were accurately recorded within people's plans of care.
- People received the support they needed to eat and drink and maintain a healthy and balanced diet.

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

- People's needs were assessed prior to support commencing to ensure staff could effectively meet their needs.
- Plans of care were developed based on initial assessments, as well as assessments provided by other health and social care professionals.
- The area manager told us the registered manager attended the local care forum with other providers as a means of sharing best practice in relation to care provision.

Staff skills, knowledge and experience

- Staff completed an induction when they started in their role, that met the governments recommended induction standards.
- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively.
- Staff told us they received regular e-learning and face to face training and felt they had sufficient knowledge and skills to meet people's needs.
- Staff were supported through regular supervisions and appraisals were being scheduled. Most staff told us they felt well supported and could discuss any development needs with the management team.

Supporting people to live healthier lives

- The service worked with other health and social care professionals to help ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, this was incorporated within their plans of care.
- People told us staff supported them with medical appointments and arranged for the doctor to visit quickly if they were unwell. One person told us, "I can ring my GP if I need him to call round."
- Relatives told us they were kept updated in any changes in their family members health. One relative said, "When [name] had a stumble, staff arranged for the doctor to examine her at the care home, and let me know afterwards."

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

- Steps had been taken to ensure the environment helped meet people's needs. In the households where people were living with dementia, pictorial signs and coloured doors were used to help people find their way.
- Bathrooms were adapted to ensure they could be accessed by all people.
- The home was well light to help prevent trips and falls.
- The registered provider had plans to further develop and improve the environment. This included new flooring and refurbishment of the foyer area.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People using the service told us staff were kind and caring and treated them with respect. Their comments included, "A lot depends on the people around you. [Staff] are all friendly", "I like it here. It is great. Staff are very good, very kind and very friendly", "They are very nice people here" and "I like it here. Can't say there is anything I don't like."
- Relatives also told us people were treated well. One relative said, "Care is very good" and another relative told us warmly that staff were, "Not a bad bunch." The service also received compliments and thank you cards from relatives, thanking them for their care and compassion.
- Comments from recent resident surveys included, "I enjoy everything, I don't ever want to leave here" and "It is the next best thing to home."
- We observed staff supporting people in warm, familiar and caring ways, speaking respectfully to people and ensuring their needs were met.
- Staff knew the people they were caring for well, including their needs and preferences. This information was used to develop detailed plans of care.
- Staff understood how to communicate with people most effectively for the individual. They knew when people required additional support due to hearing or visual impairment.

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

- People told us they had choice and could make decisions about their support. People got up and went to bed whenever they chose, ate their meals where they wanted to and only took part in the activities they chose to.
- Occasional meetings were held which gave people opportunity to express their views of the service, as well as the regular surveys that were completed. People told us they felt able to raise any issues and they would be listened to.
- A service user guide was available to people. This gave information regarding what the service provided and what people could expect, to help them make decisions regarding their care.
- A resident's charter was also on display, which stated people would be consulted about all aspects of their care.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly described how they protected people's dignity and privacy, including closing doors and curtains when providing personal support and helping people to remain covered with towels.
- We observed support being provided to people in ways which protected their dignity and privacy.
- Records regarding people's care and treatment were stored securely.
- People told us that staff encouraged them to be as independent as they could be and records reflected

this. The residents charter stated that staff would "Maximise each person's independence."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People's individual needs had been assessed and care plans developed to meet those needs.
- Care plans were detailed regarding the support people required and had been reviewed regularly to ensure they were accurate.
- People's preferences in relation to their care and treatment, daily routines and how they liked to spend their time was incorporated within their care plans.
- Staff knew the people they supported well, including their dietary needs and preferences, activities they preferred and how they liked to take their medicines. One person told us, "Staff know what I like and don't like."
- Staff completed daily logs to record the care provided to people, so all staff had up to date information regarding people's current needs.
- The service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- An activity coordinator was in post and a range of activities were available to people. These included pet therapy, bingo, games and reminiscence. People were also supported to access the local community. For instance, some people attended the monthly tea and chat session at the local church and other people enjoyed shopping.
- People told us they enjoyed the activities available. One person told us, "I like the company, playing games and singing. I get on with everyone." A relative said, "[Name] seems to be kept occupied here. There is something going on every day, like hairdressing to pamper her."
- Individual activities were also provided to people who preferred not to, or were unable to join in with group activities.
- The deputy manager told us there was nobody with any specific cultural or religious needs living in the home. The residents charter reflected that "All religious denominations are recognised." Regular church services were also held in the home.

Improving care quality in response to complaints or concerns

- People told us they could raise any concerns they had with staff. Relatives agreed and told us, "I feel I can talk to staff and the manager if I needed to", "I know the staff. I feel able to ask them or suggest anything if I need to" and "I know the manager and staff. I can't suggest anything to improve care."
- A complaints policy was available and this was on display within the home.
- A log of complaints was maintained and records showed that complaints were responded to in line with the providers policy.

End of life care and support

- Although nobody was receiving end of life care at the time of the inspection, staff had registered with the end of life partnership and received training and support from them.
- An end of life care policy was in place to guide staff in their practice and the deputy manager told us they worked with community health professionals to ensure people's needs were met when they reached the end of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Leadership and management

Continuous learning and improving care

- A range of audits had been completed to monitor the quality and safety of the service. However, they did not highlight the issues we raised during the inspection, such as those relating to consent and safe recruitment practices.
- When areas for improvement had been identified, actions required to address them were not always clearly recorded.

We recommend that the provider reviews and updates its practices to ensure their quality assurances systems were always effective.

- The registered manager completed unannounced visits to the home at night to ensure quality care was provided at all times of the day and night.
- The service engaged with the local care home forum. This enabled managers to share knowledge and best practice.
- The provider maintained an ongoing improvement plan for the service, which was shared with the management team and updated regularly.
- The area manager visited regularly and completed quality checks covering all aspects of the service. This helped to ensure the provider maintained oversight of the service.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People told us they were happy with the support that they received.
- The registered manager was not in work at the time of the inspection. The deputy manager was supported by the area manager who visited regularly.
- Staff told us they were well supported and worked well together as a team.
- The registered manager engaged with everyone using the service and their family members.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- Staff were aware of their roles and responsibilities. They told us The Laurels was a good place to work and they enjoyed their job.
- The provider had a range of policies and procedures in place, although not all policies were specific to the

service and some required updating.

- People, staff and relatives knew who the registered manager was and told us they were approachable. People felt confident that any issues they raised would be addressed. One person told us, "Oh yes, [manager] is approachable. She listens to you. You don't get squashed!"
- CQC had been notified of events and incidents that had occurred within the home as required.

Engaging and involving people using the service, the public and staff

- Systems were in place to gather feedback from people. These included surveys and a complaints process.
- Resident and relative and staff meetings took place but records showed they were not always regular.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way. Advice received from these professionals was recorded within care plans and followed by staff.
- A relationship had been forged with a local school, who visited the home regularly to speak to and sing with people.
- People's relatives told us they were involved in people's care and were always kept updated if there were any changes to their family members health or wellbeing.

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>Consent was not always sought and recorded in line with the principles of the Mental Capacity Act 2005.</p> <p>Applications to deprive people of the liberty lawfully, had not been made for all people who required one.</p>