

HC-One Limited

# Lauren Court Residential Care Home

## Inspection report

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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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Lauren Court is a care home providing accommodation and personal care to up to 48 people. At the time of the inspection there were 43 people living in the home.

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

The systems in place to monitor the quality and safety of the service were not effective, as audits completed did not identify all the issues we highlighted during the inspection. Risks were not always assessed and mitigated robustly to ensure people's safety. For instance, care plans and risk assessments were not all in place regarding people's health needs, and some plans did not provide enough detail to ensure staff knew how to best support people. Regular internal checks on the building and equipment were not maintained to ensure safety.

Systems in place to manage applications to deprive people of their liberty were not effective. People were not supported to have maximum choice and control of their lives; the policies and systems in the service did not support this practice. Tools used to assess people's capacity were not clear, decision specific and best interest decisions were not always recorded.

We have made a recommendation about staffing levels and the safe recruitment of staff. The feedback regarding staffing levels was mixed and the registered manager told us they were trying to recruit to increase the staffing levels. Although safe recruitment checks were mostly evident, this process could be further improved.

Cleaning schedules were not robustly completed, however the home appeared to be clean overall and additional domestic staff were being recruited. Staff had access to adequate supplies of PPE, took regular COVID-19 tests and had completed training in infection prevention and control. People's friends and relatives were supported to visit in line with government guidance.

People and their relatives told us they felt Lauren Court was a safe place to live. Staff were aware of their responsibilities with regards to safeguarding and whistleblowing and told us they would not hesitate to raise any concerns they had. Staff had completed training to help ensure they had the necessary skills to support people safely. The GP or other health professionals were contacted for advice when required.

People told us they were treated well, and their dignity and privacy were respected. We observed staff engaging with people during the inspection, in a caring and warm manner. People's nutritional risks had been assessed and kitchen staff knew people's specific dietary requirements. People told us they had enough to eat and drink and there was always choice available.

Systems were in place to gather feedback from people regarding the service, including regular meetings and a complaints process. Relatives were kept updated with any changes and people were supported to keep in

touch with friends and family, including during the COVID-19 pandemic. The provider took action following the inspection to address the concerns raised and to share and promote learning across their other locations.

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

HC-One Limited were registered as the provider of this service on 27 August 2021. The last rating for the service under the previous provider was good, published on 29 May 2019.

#### Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, consent and the governance of the service.

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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lauren Court 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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was undertaken by an 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

Lauren Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

The inspection was unannounced.

## What we did before the inspection

We reviewed the information we held about the service and sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used information gathered as part of monitoring activity that took place on 8 March 2022 to help plan the inspection and inform our judgements.

## During the inspection

We spoke with the registered manager, area director and five other members of the staff team, including the chef and administrator. We also spoke with five people who used the service about their experience of the care provided and nine relatives.

We reviewed a range of records. This included four people's care records, a number of medication records, three staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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.

### Assessing risk, safety monitoring and management

- Risks were not always assessed and mitigated robustly.
- Care plans were not all in place regarding people's health needs, such as diabetes. When people were at risk of seizures, the plans in place were not sufficient to ensure staff knew how to best support the person.
- Risks to people had not all been assessed. The care files viewed did not all contain COVID-19 risk assessments or care plans to help ensure individual risks were known and minimised. One person who smoked, did not have a risk assessment to ensure this could be managed safely.
- Regular checks on the building and equipment were not maintained to ensure safety. Although external checks had been completed for utilities such as gas and electric, internal checks such as water safety, equipment and environmental safety checks had not been completed for a number of months.

Failure to ensure risk was managed safely is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Personal evacuation plans were in place to ensure people could be safely evacuated in the event of an emergency.
- The management team acted straight away to start addressing the concerns raised.

### Staffing and recruitment

- Recruitment records showed that staff had undertaken a Disclosure and Barring Service (DBS) check, which provides information including details about convictions and cautions held on the Police National Computer and helps employers make safer recruitment decisions. However, one staff member did not have a reference from their previous employer and another staff member had a short gap in their employment history.
- Although dependency assessments were completed for everyone, no completed dependency tool was provided to establish if staffing levels met people's assessed needs.
- Feedback from people, staff and relatives told us that there had been some staff shortages during COVID-19, but most people felt that this was improving. Comments included, "There is enough staff, we lost a lot with covid but some are coming back now," "Staff are pretty good, but they have been under pressure," "There was a shortage of staff but levels are going up again now. They did an excellent job even when they were short" and "It has been a struggle through covid, new staff have now been recruited and that has helped to lift spirits."
- Staff rotas showed there were usually three staff on duty overnight to support 43 people. Nobody raised

any concerns about staffing levels at night, however the registered manager told us they were recruiting to enable four staff to be on duty each night.

We recommend the provider reviews its practices to ensure adequate numbers of safely recruited staff are always available to support people in a timely way.

Systems and processes to safeguard people from the risk of abuse

- Procedures were in place to ensure safeguarding concerns were reported and recorded appropriately and records reflected this.
- A safeguarding policy was in place to guide staff on their practice and most staff had completed safeguarding training recently.
- Staff were clear about their responsibilities in reporting and recording any concerns they had.
- People and their relatives told us they felt Lauren Court was a safe place to live. Their comments included, "Yes, [relative] receives safe care. She has a bell so if she needs help she can ring it," "Yes, I feel safe, even through covid. I think it is excellent, I am comfortable here" and "I am safe, they check on me. They keep an eye on you."

Using medicines safely

- Medicines were administered by staff who had undertaken training and had their competency assessed. They were stored securely, and the temperature of the room was monitored and within the recommended range.
- Electronic administration records were completed, paper records regarding the times controlled medicines had been administered, were not always consistent with the electronic records.

Preventing and controlling infection

- An infection prevention and control policy was in place and audits were completed regularly to monitor the cleanliness of the home.
- Staff had access to adequate supplies of PPE and had undertaken training in infection control.
- Systems were in place to monitor staff COVID-19 testing, to help ensure it was completed in line with current guidance.
- The home appeared to be clean, but could be improved in some areas. Cleaning schedules were in place, but had not been robustly completed. Additional domestic staff were in the process of being recruited.

Visiting in care homes

- People's friends and relatives were supported to visit in line with government guidance.

Learning lessons when things go wrong

- Records showed that accidents and incidents had been monitored and recorded regularly. Audits were completed to look for potential trends in order to minimise future incidents.
- Appropriate action was taken in response to any accidents and incidents and advice was sought from other health professionals when needed.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Systems in place to monitor DoLS were not effective.
- A log of applications was in place, but did not include all applications made, or all applications required.
- Care plans did not accurately reflect people's needs with regards to DoLS and some staff did not know which people had a DoLS applied.
- People's consent to their care and treatment had not been sought, although consent to share care records was recorded.
- When there were concerns regarding people's capacity to consent, tools used to assess their capacity were not clear, decision specific and did not accurately reflect people's capacity to make an informed decision. Best interest decisions were not always recorded accurately, ensuring views from relevant people.

Failure to ensure effective systems are in place to seek and record people's consent, and to manage applications to deprive people of their liberty, is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Information regarding people's needs was gathered prior to admission to ensure staff knew how to best support people.
- Not all people's medical conditions had been incorporated into their plans of care.

- There was information available to staff around the home to help ensure they provided support in line with best practice guidance and a range of policies were in place to support staff practice.

#### Staff support: induction, training, skills and experience

- Staff told us they were well supported, and records reflected regular supervisions and appraisals.
- Training records showed that staff were provided with regular updates on courses deemed necessary to ensure they had the knowledge and skills to support people safely.
- Relatives told us staff were skilled and able to meet people's needs. Comments included, "Yes 100%, they are very competent" and "Yes definitely, that's the gold star. From day one the [staff] have been absolutely brilliant."

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

- Kitchen staff had access to information regarding people's nutritional needs and specialist dietary requirements and preferences were catered for.
- Nutritional risks had been assessed and most care plans reflected people's needs, so staff knew what support was required.
- People received sufficient food and drinks and most people told us they enjoyed the food available and they always had choices. Comments included, "The foods been great, mums never said she didn't like it," "The food can be hit and miss. I am not fussy, and they can't cater for everyone's taste. They offer alternatives and try hard to please" and "I can't grumble about the food, I have a cooked breakfast, dinner is excellent and there's always choice of two meals."

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

- Records showed that referrals were made to other health professionals in a timely way, for their specialist advice and support.
- People and their relatives told us GP's were contacted when people were unwell. They said, "Yes, they are pretty sharp at getting the doctor out if there are any issues" and "Yes, I think the doctor goes in regularly, and if anyone wants to see the doctor they can. They have a chiropodist go in and they usually have a hairdresser."

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

- Lauren Court is a spacious building, with wide, well-lit hallways and handrails available to aid people's safe mobility.
- A lift provided access to all floors of the home. Bathrooms had been adapted to help ensure all people could access them.
- People had their own bedroom, with a call bell and en-suite facilities. Bedrooms had been personalised by people, with pictures and items that were important to them.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 told us they were treated well, and their dignity and privacy were respected. They said, "The care I get is excellent, from both day and night staff. They treat me with the respect I deserve" and "I am quite happy; they are all very kind."
- Relatives agreed and told us, "The care is superb there. They are really caring and thoughtful," "I give them 10 out of 10. They are always friendly and approachable, they are very understanding and caring" and "I am more than satisfied with the way she is looked after. I would recommend it to anybody who needed it."
- Staff spoke fondly of people who lived in the home. They told us they got to know people well and said, "It's a lovely big family" and "We treat people with respect, give them choices, always ask what they want and how they want to be supported."
- We observed staff engaging with people during the inspection, in a caring and warm manner.

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

- Records showed that regular meetings took place with people living in the home, to gather their feedback and discuss any changes required, or future plans for the home.
- A resident's guide was available, which advised people what support they could expect when living in the home. This helped people to make informed decisions.
- Information about independent advocacy and support services was available within the resident's guide. An advocate is a person who is independent of the service and who can support people to share their views and wishes if they want support.

Respecting and promoting people's privacy, dignity and independence

- Care files reflected what support people may need from staff, but also what they were able to do for themselves. Staff told us they always encouraged people to be as independent as possible.
- People living in the home and their relatives agreed. Their comments included, "I want my independence and they let me. But staff are here to help if I need them" and "[Staff] provide a very caring environment and promote independence wherever possible."
- Staff were able to describe ways they protected people's privacy when providing care and support.
- People's personal and confidential information was stored securely.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs may not always be met.

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

- Most care plans were detailed and reflected people's preferences regarding their care. However, some plans did not reflect people's current needs and required updating. For instance, one person required a mobility aid to enable them to walk safely following a recent accident, but their care file reflected that they were independently mobile without the need of any aids. Another person's nutrition care plan did not reflect all of their dietary requirements, such as those based on their health conditions.
- Information regarding people's mental capacity and ability to make decisions regarding their care were not all accurate or consistent.
- Some care plans required more detail to ensure staff knew how best to support people, especially in relation to medical needs such as seizures, or risks such as smoking.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Systems were in place to ensure the Accessible Information Standard was met.
- People's ability to communicate was documented within their care plans, to help ensure staff knew how best to communicate with them.
- Staff used pen and paper to aid effective communication with one person, who had a hearing impairment.

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

- There was usually an activities programme in place to encourage stimulation and participation in social interaction, if people chose to join in. This had been impacted on due to COVID-19, but some activities still took place. A relative told us, "Oh yes, they have bingo and singing, and books if she needs them. I don't know if they have started them up again yet with all the lockdowns."
- People were supported to maintain relationships with friends and family, including during the COVID-19 pandemic when there were times relatives were unable to visit.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The provider had a policy and the procedures were displayed within the home.
- An electronic complaints log was maintained, including a record of complaints received and details of actions taken by the management team.
- People living in the home and their relatives all told us they knew how to raise concerns, but they had not had reason to make a complaint.

#### End of life care and support

- Care plans showed that people had been given the opportunity to discuss their end of life wishes. These were recorded so staff could provide support during this time in line with people's preferences.
- Records showed that compliments had been received from relatives who had lost loved ones and they thanked staff for the support provided.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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.

### Continuous learning and improving care

- The systems in place to monitor the quality and safety of the service were not fully effective.
- Some audits had been completed; however, they were not all completed accurately. For instance, care plan audits identified certain information was recorded within the care plan, that on review was not there.
- Audits did not identify all of the issues we highlighted during the inspection, such as care plans not reflecting people's current needs and risks, people's consent and capacity to make decisions not assessed adequately and DoLS not managed effectively.
- Robust records were not always maintained regarding the service and support provided. For instance, records regarding medicines management, staff recruitment and the cleaning of the home and equipment all required further improvement.
- Provider oversight was evident through regular visits from the senior operations team. However, they failed to identify the required improvements as part of their oversight.

Failure to ensure effective systems were in place to monitor the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Actions were taken following the inspection to address the concerns raised and to share and promote learning across the providers other locations.

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

- People, relatives and staff told us they felt the home was well managed. Staff told us they were well supported and described the registered manager as, "Approachable," "Absolutely lovely and a boss when she needs to be" and that "Her door is always open." A relative said, "I think it's a homely place. The staff work as a team and they welcome you in."
- Feedback from relatives regarding the quality of care provided to was positive. Comments included, "[Relative] does get good care," and "Yes definitely, that's the gold star. From day one the [staff] have been absolutely brilliant."
- Measures had been taken during the COVID -19 pandemic to facilitate people having contact with their relatives. One relative told us, "No problem at all (keeping in touch), mainly phone calls, some skype but the girls managed it for her."

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

- Accidents and incidents were reviewed and acted upon to ensure the service operated in a transparent way.
- Relatives told us they were always kept informed of any incidents regarding their family members. Comments included, "Yes, they are pretty sharp at getting the doctor out if there are any issues and there's always a phone call to me," "They have always informed me when an emergency happens" and "Yes I have had letters from HC-One and the staff ring if there are any changes."
- Staff told us that they would not hesitate to inform the registered manager of any issues or concerns they were aware of.

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

- The registered manager was aware of their role and responsibilities.
- A range of policies and procedures were in place to help guide staff in their roles and had been updated as required.
- The manager had notified CQC of most events and incidents providers are required to inform us about.

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

- The registered manager worked closely with other health and social care professionals to help ensure people's needs were met.
- Regular meetings took place with people living in the home to gather their views of the service, in areas such as meals and activities. Records showed that staff meetings took place regularly and staff told us they were able to share their views.
- Referrals were made to relevant professionals when required for specialist advice and support.

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 11 HSCA RA Regulations 2014 Need for consent  The provider failed to fully assess and obtain service users ability to consent to care and treatment.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider failed to assess and mitigate the risks to the health and safety of service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service.