

Laurieston House

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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

Laurieston House is a residential care home for five people with learning disabilities. At the time of our inspection there were four people living there.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Why the service is rated Good...

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their medicines safely. The risk of infection was controlled because the home was clean and hygienic. Lessons were learnt from when mistakes happened.

The care that people received was effective. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was met people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. There were lots of opportunities for them to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People and their relatives knew how to raise a concern or make a complaint and the provider had a complaints procedure although they had not received any.

The registered manager had systems in place to receive feedback on the quality of care provided. There were quality systems in place which were effective in continually developing the quality of the care that was provided to people.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Laurieston House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 May 2018 and was unannounced. It was completed by one inspector. We used information the provider sent us in the Provider Information Return to plan the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We used a range of different methods to help us understand people's experiences. People who lived at the home had varying levels of communication. We spoke with one person and one relative during the visit. We also observed the interaction between people and the staff who supported them in communal areas. After the inspection we received written feedback from one other person's relative.

We spoke with the deputy manager and one care staff. We reviewed care plans for three people to check that they were accurate and up to date. We also looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. We reviewed audits and quality checks for medicines management, accidents and incidents, and health and safety checks.

Is the service safe?

Our findings

People were protected from abuse by staff who understood how to identify signs and report in line with procedures. One member of staff said, "I would speak to the manager in the first instance about any concerns but if nothing was happening I would talk to the local safeguarding authority myself". There had not been any safeguarding concerns reported since our last inspection and when we spoke with staff and reviewed records we were assured that this was accurate.

Risk was managed to protect people from harm. One person we spoke with said, "I do feel safe and I like the staff being here". When we spoke with staff they talked to us knowledgeably about the risk management systems that were in place. For example, they understood what may cause some people to behave in a way which could cause distress to themselves or others. They described the arrangements that some people had in place to have control over their belongings. This helped them to avoid becoming anxious and distressed. We reviewed records which demonstrated that staff had clear guidance in managing risk and that it was regularly reviewed. Risk was also considered for new activities or environments such as going on holiday.

The environment was regularly checked to ensure that it was a safe place to live. We saw evidence that equipment was repaired and replaced when it was found to be faulty. For example, some of the fire system had been replaced. Also, the provider increased their fire precautions in light of recent national incidents and we saw that they had put alarms in the garage because electrical equipment was stored there.

The risk of infection within the home was managed. One relative told us, "The home is always clean and tidy and kept in good repair". Staff discussed how they supported people to take some responsibility for it; for example, assisting in the kitchen. There was also cleaning rotas so that staff understood their duties to ensure the home was clean and hygienic and we saw that it was. There were regular infection control audits completed to ensure that it remained safe.

Lessons were learnt from when things went wrong and actions taken to reduce the risk. We saw that there were systems to record and review any incidents to look for patterns. If there were any errors with medicines administration recording these were followed up by the deputy manager or the registered manager with the staff involved; for example to remind staff to sign medicines administration records when gaps had been highlighted..

Medicines were managed to ensure that people received them as prescribed. One person told us, "The staff do my medicines and I can ask for a painkiller if I need one". Staff told us about the training they received and the checks that were in place to ensure that they were competent in administration. The medicines were stored, recorded and monitored to reduce the risks associated with them.

There were enough staff to ensure that people's needs were met safely. We saw that staffing levels were planned around individual need and this included increasing them for events and outings. The provider followed recruitment procedures which included police checks and taking references to ensure that staff

were safe to work with people.

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw that people consented to their care and signed their care plans to evidence this. There was not currently anyone who required a DoLS to protect them. However, we discussed this with staff and they were aware of when they may need to apply for one if people's circumstances changed.

People's needs and choices were met to ensure they were able to live how they wanted to. One person told us about activities they liked to do and holidays they were planning. This showed us that people were supported in line with best practice guidance; for example, Valuing People Now 2009 which states that people should have a presence in their communities.

The staff team worked effectively across organisations to ensure that people's needs were met. One relative told us, "I am always aware of [Name's] health issues and staff keep me up to date with what is happening with doctor, hospital and dental appointments". We saw that there were records that demonstrated that people's health was regularly monitored; for example, people were weighed regularly. There were also records of people appointments and interactions with health professionals.

There was support for people to plan, shop for and prepare their own meals. One person we spoke with told us about their favourite meals and how they had some in the freezer so they could have it when they wanted to. One member of staff said, "We do monitor some people's diet and prepare food that they like. For example, one person doesn't always like to eat the food they chose and so we will prepare something different for them to encourage them to have enough to eat in a day". This demonstrated to us that staff ensured that people had a balanced, healthy diet.

People were supported by staff who were skilled and knowledgeable. One relative told us, "The staff are all great". Staff we spoke with confirmed that they received the training and support they needed to do their job, including regular supervisions. One member of staff told us, "We do training online and then the managers will check our knowledge every now and again but without putting us on the spot". They also told us that they had completed the care certificate and other national vocational qualifications. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. This demonstrated the provider checked that staff were competent to fulfil their roles.

The environment was homely and designed to meet people's needs. There was communal spaces and people also had private spaces in their own rooms. There was also a garden that they enjoyed.

Is the service caring?

Our findings

People had caring, kind supportive relationships with the staff who supported them. One relative told us, "The care the staff give is second to none, and nothing is too much trouble. It is the little things that matter, and make all the difference; things like coming in during their own time when one of the residents has a birthday to drop them off a present and a card; or going out of their way so one of the residents can attend an appointment or social event.". Another relative said, 'The staff are very caring; in fact they look after us as well'.

People were involved in making choices about their care. One person told us about the support they liked from staff, and how they could chose to dowhat they liked to do independently and what they chose to do with family members. When people were less able to verbally say what they wanted, staff understood how to encourage them to make decisions; for example, by simplifying the information. People had plans in place to give staff guidance on communication.

Dignity and privacy were upheld for people to ensure that their rights were respected. We saw that some people spent time in their room and staff knocked on their doors if they needed them. One member of staff told us, "Some people prefer their own company and we respect that. We do also encourage people to do things together and we have found that some people are now finding that easier".

There were arrangements in place for people to see family members and maintain important friendships. One relative said, "I really appreciate the 'open door' policy that they have in place and know that I can drop in at any time which is really convenient." We saw another relative warmly welcomed and spend time chatting with people and staff over a coffee. One relative said, "The ethos at Laurieston House is to provide a home from home and the staff always go that extra mile in order to make sure this happens".

Is the service responsive?

Our findings

People were supported by staff who knew them well and helped them to plan for things they wanted to do. People had active weeks and attended day services, participated with shopping and visited leisure facilities. Staff told us that as some people who lived at the home were now older they sometimes chose a quieter life. However, one person told us that they enjoyed planning for day trips and holidays. They said, "We have been to Emmerdale and on holiday to Blackpool. We are planning this year's trips as well". One relative said, "I like the fact that the people who live here have a 'voice' that is heard. They have meetings to discuss everything from the weekly menu's, to where they are going to go on a day out or holiday". We saw that the provider had considered how to make information accessible for people and ensured that they used photos and pictures as well as writing.

People had care plans which were regularly reviewed to ensure that staff had guidance to enable them to support them in the requested way. There were also daily records maintained so that staff had up to date information about people's wellbeing and could plan their care around that.

Relatives told us they knew how to make complaints and were confident that they would be listened to. The provider had a complaints procedure which also had pictures and symbols to help people to understand it. No complaints had been received since our last inspection.

At the time of our inspection there was no one receiving end of life care and so we did not review this.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives knew the registered manager and one told us, "Laurieston House and the care it provides is a real credit to the registered manager and her team. I feel incredibly lucky that we found them, and cannot praise them enough". People and their relatives were included in making decisions about the home through regular meetings.

Staff felt that they were well supported and able to develop in their role. We saw that staff had regular supervisions and one member of staff told us that these were opportunities to support them with their development. Staff were clear about their roles and responsibilities and one member of staff told us, "On my first day I had a meeting with the registered manager and the deputy manager and they ensured that I had read and understood the policies before starting work". Staff also told us that there were regular team meetings and that each member of staff was given the opportunity to discuss any concerns or raise any problems. Records that we reviewed confirmed this.

There were quality audits in place to measure the success of the service and to continue to develop it. We saw that these were effective and that there were plans in place to respond to areas highlighted. There were links with other agencies and professionals to ensure that people's needs were met effectively and information was shared when needed. The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken. We saw that the previous rating was displayed in the home in line with our requirements.