

Meridian Healthcare Limited

# Lauren Court Residential Care Home

## Inspection report

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Date of inspection visit:  
26 September 2016

Date of publication:  
27 October 2016

## 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

This inspection was carried out on the 26 September 2016 and was unannounced.

Lauren Court Residential Care Home is registered to provide personal care for up to 48 older people. The service consists of single room en-suite accommodation located over two floors. The service is located in the Blacon area of Chester, close to the local shops and other community facilities. At the time of our inspection the service was supporting 36 people.

The service does not currently have a registered manager in place. 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. The service had a manager in place who has recently applied to the Care Quality Commission to become the registered manager's.

We last inspected this service in April 2014 and we found that the registered provider met all the regulations we reviewed.

People said they were happy with the service that they received and that they felt safe. Staff had a good understanding of how to protect people from the risk of harm or abuse. The registered provider had clear policies and procedures in place for reporting any concerns they had about the safety and wellbeing of people they supported.

Individual risk assessments were completed to ensure people supported, relevant others and staff were protected from the risk of harm.

There were sufficient levels of suitably trained staff to support people and ensure they received care and support in a safe and timely way. When new staff were appointed robust recruitment checks were carried out to make sure they were suitable to work with vulnerable people.

The service was accessible, clean and safe and staff were able to describe their responsibilities for ensuring people were protected against any environmental hazards. Fire safety and all other relevant Health and

Safety checks were appropriately completed by a competent person.

Medication was well managed at the service. People received their medication as prescribed and staff had completed competency training in the administration and management of medication. Medication administration records (MARs) were appropriately signed and coded for people's prescribed medication.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had a good knowledge and understanding of the Mental Capacity Act 2005 and of their role and responsibility linked to this. Staff understood the key principles of the MCA 2005.

People were supported by staff who had received appropriate training and support. All staff received training to enable them to fulfil their roles which included essential subjects such as moving and handling, safeguarding people and medication training. Staff were also supported through supervisions

People told us that staff always treated them with kindness and respect. They told us that staff were mindful of their privacy and dignity and encouraged them to maintain their independence.

A thorough pre-admission assessment was completed to ensure the service could meet people's individual needs. People's needs were assessed and planned for and staff had personalised information about how best to meet people's needs. People's wishes, preferences and beliefs were reflected in their care plans.

The registered providers complaints procedure was accessible to people and relevant others. Family members told us that their complaints were acted upon. Records we viewed confirmed this.

The registered provider maintained robust, effective quality assurance systems to ensure that all aspects of service provision were regularly reviewed and maintained to a good standard. We were notified as required about incidents and events which had occurred at the service.

## 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.

The registered provider had systems in place to make sure people were protected from abuse and avoidable harm. Staff knew how to recognise abuse and report any concerns they had.

Risks to people were appropriately assessed and recorded in care plans.

There were robust and effective procedures for the safe management of people's medicines.

### Is the service effective?

Good ●

The service was effective.

Staff understood the importance of seeking consent from people prior to support being delivered.

People's health and wellbeing were supported and maintained by having access to appropriate professional healthcare services.

People received food and drink of their choice. People had enough to eat and drink.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, patient and responsive to people's support needs.

People were involved in decisions about their care and support.

Staff respected people's choices, privacy and dignity and they encouraged people to retain their independence.

### Is the service responsive?

Good ●

The service was responsive

Care plans provided information about how each person would like to receive their care and support. Staff were aware of people needs and were knowledgeable about the people that they supported.

People were encouraged to join in the activities provided at the service and in the local community.

A complaints procedure was available and people knew who to contact if they wished to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

There were effective systems in place to monitor the quality and safety of the service provided.

The registered provider had notified CQC of significant and notifiable events which had occurred at the service.

# Lauren Court Residential Care Home

## **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.

We visited the service on 26 September 2016. Our inspection was unannounced and the inspection team consisted of one adult social care inspector.

We spoke with seven people who used the service and four of their family members. We also spoke with four members of staff, the deputy manager, manager and the area operations director. We looked at the care records relating to four people who used the service, which included, care plans, daily records and medication administration records. We observed interaction between people who received support and staff.

Prior to the inspection we reviewed the information we held about the service including the 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 improvements they plan to make. We also reviewed other information we held about the service including notifications of incidents that the registered provider sent us since the last inspection, including complaints and safeguarding information.

We contacted local commissioners of the service, the local authority safeguarding team and Healthwatch who had previously visited the service to obtain their views. No concerns were raised about the service. Healthwatch England is the national consumer champion in health and care and they have statutory powers to ensure the voice of the consumer is strengthened and heard by those who commission, deliver and

regulate health and care services.



## Our findings

People felt safe living at the service. They told us, "I have been here for nearly six years and I feel very safe" and "I know the staff are a call bell away if I need them. That's reassuring for me as I can be a bit unsteady on my feet at times". Family members commented, "I know that when I leave here [my relative] is well looked after. It's very reassuring to know that they are safe now and have staff around 24 hours a day".

Staff members we spoke with had a good understanding of the different types of abuse and what action they needed to take if they had concerns. All staff confidently confirmed that they would report any suspected abuse immediately to the manager or to external professionals if necessary. Policies and procedures in relation to the safeguarding of adults were in place and the actions staff described were in line with the policy. Records confirmed that staff had received safeguarding adults training. The manager had reported any concerns raised appropriately to the local authority safeguarding team. Concerns had been investigated, including internally when this had been requested or by the local authority. Staff told us they understood about whistleblowing and felt that they could raise any concerns and knew the procedure for this.

Potential risks to people's health, well-being and safety had been identified and documented. Steps were taken to mitigate and reduce the risks wherever possible in a way that took full account of people's individual needs and personal circumstances. Risk assessments guided staff on how to manage risks in a safe way. They included areas of people's needs such as mobility, nutrition, medicines and skin care. Staff demonstrated through observation and discussion that they knew about the risk management plans and how to support people to stay safe. This meant that safe care and support was provided in a way that promoted people's independence wherever possible.

People were supported by staff who had been through a robust recruitment process. This helped to ensure staff employed at the service were of suitable character for the roles they undertook. We viewed recruitment documents for four staff and saw that a range of checks had been carried out to assess the suitability of applicants prior to them being offered a position. This included completion of an application form, two references obtained from applicants previous employers and a Disclosure and Barring Service (DBS) check prior to starting to work at the service. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults and they help employers make safer recruitment decisions. This ensured staff were suitable to work with vulnerable people.

People and their family members told us that there was enough staff on duty to meet everyone's needs.

They told us, "There is always someone around, they are busy but they always come to check to see if I am ok" and "They work very hard, they are busy, but they always make time to say hello". Staff duty rotas showed that staffing levels were flexible, based on the number of people who used the service and the type of support they needed. Dependency assessments were completed by staff on a monthly basis to ensure that people received the correct level of care and support to meet their needs. During our inspection we saw that there were sufficient numbers of staff available to care for and support people safely.

The management of medicines was safe. People told us they received their medicines and that staff helped them to understand the reasons for taking them. One person commented, "It gives me peace of mind that the staff manage my medication. I was forgetting at home and getting muddled up with them. It's much better and safer for me now". Staff who administered medicines had received training about how to support people with any of their medicine needs. Arrangements for the receipt, storage and disposal of medicines were in line with good practice and national guidance. Guidance was in place for staff to follow to ensure people received medicines as required (PRN) and records showed they were administered in a consistent way. Medication administration records (MARS) were up to date and completed in full.

Equipment used within the service such as hoists and bath chairs had been regularly checked to ensure they remained safe to use. Records relating to the safety and maintenance of the service were up to date. Checks on gas and electrical equipment were conducted by external specialist and certificates were in place to confirm that these had been completed with no issues.

A Legionella risk assessment had been completed and was up to date and in place at the service. Records for 'weekly flushing' identified that this had started to be completed in line with the registered providers own timescales.

The registered provider had a business continuity plan in place. This aimed to ensure that people received the support they needed following evacuation from the building. For example in the event such as a fire, flood, gas leak or loss of power to the service. Personal emergency evacuation plans (PEEPS) were in place for each person living at the service. PEEPS identified what support individuals would require in the event of an evacuation. Staff knew where and how to access these documents in the event of an emergency.

All parts of the service were clean and hygienic. Hand gel and paper towels were available next to hand basins and there was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons. Staff were knowledgeable about their responsibilities for managing the spread of infection.



## Our findings

People and their relatives were positive about the ability of staff to meet each individual person's needs. One person told us, "They are very good and always know what to do if I ask them something I'm not sure about". Another person said, "If I'm not feeling too good, they will help me to access the doctor or whoever I need to see. They know just who needs to be contacted which reassures me". A relative commented, "They know exactly what [my relative] is like, they are great with them. [My relative] gets all the support they need".

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

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

We found that DoLS applications had been made for two of the people living at the service. The manager and staff showed an understanding of DoLS which was evidenced through the appropriately submitted applications to the local authority.

Staff were able to demonstrate that they had an understanding of the MCA and that they worked in line with the principles of this. They were confident in discussing what the MCA meant in practice for the people they supported. This involved supporting people to make their own decisions as much as possible and involving relevant others when needed. Records showed that where consent had been sought from relatives or relevant others they held Lasting power of Attorney (LPA) which meant they could legally make a decision on someone's behalf. Staff described how they would always ask people for their consent prior to helping them with any support needs they had. Examples staff shared, included asking for permission to help someone with their personal care or to enter their bedroom. It was clear through practice we observed that staff asked people for their consent before carrying out any activities and knew that they needed to assist people to make choices where possible. Care records demonstrated that people's consent and ability to make specific decisions had been recorded in their care plans.

People told us they liked the meals and that the food in general was very good. A new menu had recently been introduced at the service. People told us, "Some of the meals are great, others are a bit hit and miss. I let them know if I'm not fussed on it though". The manager shared a 'feedback' form that the registered provider hospitality team had issued and confirmed that this would be shared with residents to gain their views. People told us they chose what they wanted to eat and where they wanted to have their meals. One person told us, "I like to have my lunch in the dining room, but other meals here in my room. The staff are very respectful of my choices". Where people did not like the meal options presented and wanted an alternative this was provided.

The registered manager had recently stepped down and a new manager had been appointed at the service. The new manager told us that she was in the process of starting to complete staff appraisals. Records confirmed that supervisions had been undertaken with staff in April 2016 and discussions had been held regarding roles and responsibilities and any training and support needs they had. Staff confirmed that they had not always received regular supervisions over the last few months due to changes at the service, but felt confident to speak to someone if they had a problem or were not sure of something to do with their role.

The registered provider ensured that staff received training and development opportunities that were appropriate and required for their role. Individual records showed what training staff had completed and included sessions on moving and handling, first aid and fire safety. Newer staff confirmed that they had completed induction training which consisted of e-learning, some face to face training and shadowing of other more experienced staff members on duty. The manager confirmed that all training was monitored via the registered provider's online system and was discussed in supervision with staff.

People were supported to access health professionals when they required it. We looked at people's care records and we could see examples of when specialist health involvement had been requested. This included access to the GP, district nursing teams and opticians. Visiting health and social care professionals confirmed that staff were knowledgeable about the needs of people supported and that staff always contacted them appropriately for advice and support.



## Our findings

People spoke positively about the support that they received and the caring nature of staff. One person told us, "I cannot fault the staff at all. They are such a lovely group of people. I am very lucky indeed" and "They are wonderful. They are all so kind, caring and very patient". Family members commented, "The staff are great. They have encouraged [my relative] to be independent and also to come out of their shell" and "They are all very good, they are so patient and caring. Nothing is too much".

People looked relaxed and happy in the company of the staff who throughout our visit appeared attentive and happy in their work. Observations showed that staff took time with people and were compassionate and kind in their manner. We heard light hearted conversations which led to laughter and joking taking place. Staff spent time chatting to people and took a genuine interest in the discussions taking place.

One person told us, "I like to have my breakfast a bit later in the mornings, to give me time to wake up. That's never been a problem here". Another person said, "My daily routine is important to me, the staff took time to get to know how I wanted to spend my day. That made me so much more relaxed and comfortable living here". Staff knew about the people who used the service. People's preferences and wishes were taken into account in how their care was delivered and routines that they wanted to follow were respected.

Information had been gathered about people's personal and medical histories, which enabled staff to have an understanding of people's backgrounds. Staff described how they read people's care and support plans to know people's preferences and what was important to them. Each person had a document included in their care plans called 'Remembering Together'. This had been completed with the person and detailed information about personal history, family and what the person enjoyed. We found that staff used the information in people's care plans to inform their practice, such as knowing topics of conversation people would like to discuss. This meant that staff had access to detailed information about each person and what mattered to them to help them build relationships.

We asked staff about how they treated people with dignity and respect. Staff explained to us the importance of maintaining people's dignity and showing respect in the way personal care was undertaken. Staff confidently described the importance of ensuring that people remained covered up as much as possible when receiving personal care, to ensure their dignity was maintained and they did not feel vulnerable or exposed. Staff told us how they also ensured that they closed doors and curtains, also when they helped people with personal care. Observations showed that staff always knocked on people's bedroom doors and waited to be invited into the room. This showed that staff understood the importance of respecting people

they supported.

Many people living at Lauren Court residential care home were able to understand and make decisions about how their care and support was provided and we saw they were empowered and encouraged to do this on a daily basis. Staff told us how they encouraged people to complete small tasks such as having a wash, sorting out their clothing for the day or choosing meals and activities. Staff confirmed the importance of promoting people's independence as much as possible telling us that 'every little bit people do is important'.

People had their own bedrooms and had been encouraged to bring in their own items to personalise them. We saw that people had brought in their own furniture and that rooms were personalised with pictures, photos and paintings. This helped people to be comfortable and feel their room was personal to them.

People's personal information was handled confidentially. We saw that the registered provider had secure lockable cupboards for the storage of people's care records. We heard staff share information about people in a discreet and sensitive way so that conversations were not overheard by others. We also saw that the registered provider had made available to staff confidentiality and data protection policies. This meant that people's privacy was being protected by a registered provider who had suitable procedures and by staff who knew about these.



## Our findings

People and their family members told us that staff met all of their needs. One person said, "I had a terrible knee injury and the staff here helped me to get back on my feet and walk again". Another person told us, "Staff know that I don't have a very good appetite. They try and encourage me to eat and will bring foods that they know I really like. They are so good". Family members told us, "[My relatives] care is very good. We had a slight dip a couple of months ago, but things seem to be improving again". Staff were knowledgeable about the care and support that people required on a day to day basis.

People had been involved in an initial assessment of their needs before they moved to the service. Assessments asked for information about what was important to the person, including what they liked and disliked. Information had also been sought from their relatives and other professionals involved in their care. Information from the assessment had been used to inform the care plans for the person. This meant that people were involved in planning their care.

People's care plans contained personalised information that made it possible for staff to know how they wanted to be supported or cared for. They contained information about people's medical and physical needs as well as emotional and spiritual needs. People's care plans were personalised and easy to follow and clearly explained how people should be supported to make choices. They included information about what a person could do for themselves and what support they required from staff. For example, in one care plan we read, 'Please give me a choice of having a shower or bath. I will decide on the day what I would prefer'. People had signed their own care plans where they were able to do this. This showed that consideration to detail and consultation had been undertaken with the person and/or relevant others when care plans were written.

However, we found that care plans had not always been reviewed in line with the registered providers own timescales. There was a cultural use of words such as challenging, agitated and aggressive used to describe behaviours shown by people when they became distressed. There is a risk that the use of such language would not promote a positive attitude towards people's needs. We raised this with the manager and area director who confirmed that following our visit this would be addressed.

People told us that staff helped them to do things that they liked doing. There were structured activities planned but we saw staff also responded spontaneously to people's needs. This included staff supporting people to attend the local community hairdresser and beautician. A person who lived at the service told us about a recent visit to the pub for lunch. They said, "We had a great time. We have a mini bus here, so we do

get out and about to different places". People had a choice of whether they wished to participate in activities or not and they were involved in making suggestions for future events. This demonstrated that people were listened to and supported to keep actively engaged in activities both at the service and the local community.

There were a number of people living at the service for whom their religious beliefs were of significant importance. Staff told us that people were encouraged to continue with their faith. Staff told us that it was 'important to get the right information about people's beliefs and respect people for who they are'. This showed that staff promoted equality and diversity in all aspects of care and support provided.

People and their family members told us they were able to express their views and give feedback about the service. An annual survey had been undertaken in June 2016. The survey asked people and their family members/representatives to rate and comment on aspects of the service such as the staff within the home, their daily care, cleanliness of the service and activities. We saw that the overall responses confirmed that people were satisfied or very satisfied with the service provision.

We saw that residents and relatives meetings had been held at the service. Minutes of meetings were made available to people and their family members and recorded where suggestions and ideas had been shared for improvements to the service. An example of this was where the feedback from the recent customer survey had been discussed. Relatives told us "I have been to a few family meetings. They are quite informative". This meant that the registered provider had involved people in the future development of the service.

The registered provider had a complaints and compliments policy and procedure in place. People who used the service were actively encouraged to raise any concerns or compliments. We viewed records where concerns had been acted upon and resolved quickly. For example, a family member informed us "I raised a complaint a few months ago. It has been dealt with now and I feel that the issue has been resolved". During our visit we received many compliments from people who used the service and their family members. These included praising staff for their kindness, for being compassionate and approachable and for providing good care.



## Our findings

The service is not currently managed by a person registered with the Care Quality Commission (CQC). There was a manager at the service who has recently applied to CQC to become the registered manager. The home manager, area director and company director visited the service during our inspection.

People we spoke with consistently described the service and staff as good. However, some family members expressed concern that there had recently been a number of changes at the service which they felt they had not been fully kept up to date about. Comments included, "It would be nice to know if there are changes happening. I found out by chance that the previous registered manager had changed her role at the service recently" and "I'm not sure who the manager is now. I will ask the staff if I need anything, so I guess it's not that important". We shared this feedback with the home manager, area director and company director on the day of our visit. They informed us that they would arrange a meeting at the service to provide all people supported, family members and visitors with up to date information regarding any changes that had occurred.

People told us that they had just started to get to know the new manager and that they had confidence in the deputy manager and the staff team. One person told us, "I can talk to [name of deputy manager] about anything. She always comes to say hello whenever she is working". We saw that the deputy manager spent time supporting people who lived at the home and could describe people's individual preferences well. A health professional told us, "Staff will act in the residents best interests, and will follow up on any actions I have requested. They are always professional and polite."

Staff were confident in their roles and told us that they would not hesitate to raise any issues if they thought that people's care or safety was compromised. Comments such as, 'The residents come first' and 'the residents are our priority no matter what' were shared with us. We saw that the service promoted an open culture, however, staff told us that the recent changes had left them feeling a little unsettled. They told us, "We are still getting used to the changes here. It will take time" and "Sometimes we have felt a bit in the dark over the last few months. A meeting has been arranged so we can ask any questions about changes we are unsure of". The manager confirmed that a staff meeting had been arranged in the near future.

There were clear lines of accountability and responsibility within the service. The registered provider had effective and well managed quality assurance systems in place. Audits covering a range of areas were completed by the home manager and area director on a monthly basis. Appropriate checks were made and a report produced of the findings. Information such as training, care plan reviews, infection control and

medicine management were some of the topics reviewed. These were completed within the registered providers identified timescales.

Accidents and incidents were monitored through the registered provider's quality assurance processes. Where accidents or incidents had occurred these had been appropriately documented and investigated. Records included a description of what had happened, when and who was involved. Where these investigations had found that changes were necessary in order to protect people, these issues had been addressed and resolved promptly. This meant the registered provider was monitoring incidents to identify risks and trends and to help ensure the care provided was safe and effective.

The manager had a basic awareness of her responsibility in line with the Health and Social care Act 2008. We raised this with the area director and company director who advised us that training would be arranged to support the development of her knowledge prior to the registration interview taking place with CQC. Registered providers are required to inform CQC of important events that happen at the service. The manager had informed us of specific events which they were required to do by law and they had reported incidents to other agencies when necessary to keep people safe and well.

The registered provider had a comprehensive set of policies and procedures for the service, which were made available to staff along with other relevant up to date information and guidance. This information assisted staff to follow legislation and best practice when providing support and care to people.