

Peace of Mind Healthcare Ltd

Laural House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Laural House is a residential care home providing personal care to 2 people at the time of the inspection. The service can support up to 2 people.

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

Right Support:

Risks to people were not always properly assessed to protect them from avoidable harm. The registered manager was responsive to our feedback and took action to address the issues identified immediately.

People's care plans did not always provide staff with historical information they required to meet people's needs.

People received their medicines from trained staff. However, staff competency assessments were not completed in line with national guidance.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

People had a choice about their living environment and were able to personalise their rooms.

Staff worked with health professionals to achieve good health outcomes. Staff worked with other professionals to avoid people taking unnecessary medicines.

Infection control procedures and measures were in place to protect people from infection control risks associated with COVID-19.

Right Care:

Recruitment procedures were robust. Concerns were raised regarding staffing levels.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

People who had individual ways of communicating, using body language and sign language could interact comfortably with staff and others involved in their care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Throughout the inspection we observed that staff were respectful of people and took time to offer support and reassurance when needed.

Staff and the management team at the service spoke positively about people within the service and wanted people to live their best lives. Staff demonstrated their knowledge of people and how to support them to manage their individual risks. Staff placed people's wishes, needs and rights at the heart of everything they did.

People and those important to them, including advocates, were involved in planning their care.

The staff and management were open and transparent throughout our inspection and acted efficiently on queries and feedback throughout the inspection.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 16 May 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Recommendations

We have made recommendations in relation to risk, staffing, medicines, and the management of the service.

Follow up

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Laural House

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

One inspector carried out the inspection.

Service and service type

Laural House 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. Laural House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We looked at all the information we had received about and from the home. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

One inspector visited Laurel House on 20 and 25 April 2023. We spoke/communicated with the 2 people who used the service. On 2 May 2023 we also spoke with 2 relatives about their experience of the care provided.

We spoke with 4 members of staff including the registered manager.

We checked 1 person's medicines records and looked at arrangements for administering, storing and managing medicines.

We reviewed a range of records. This included 2 people's care records 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

Staffing and recruitment

- Recruitment checks were undertaken to ensure prospective staff were suitable to work with people. This included Disclosure and Barring Service (DBS) checks and references to confirm applicants' character and conduct in previous employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People had 1 to 1 and 2 to 1 staffing hours commissioned to meet their needs. During the month of April, people's hours were not consistently being delivered. This was partly due to staffing shortages within the home, as well as a reduction in the support people required. The management team provided assurances that during March staffing levels were in line with people's commissioned hours.
- We received mixed feedback regarding staffing levels. Staff members told us there were "Sufficient levels of staff" and "staffing levels were very good." Other staff raised concerns about people not receiving their commissioned hours, with staff lone working meaning people were not able to access the community as much as they would like too.

We recommend the provider review staffing levels to ensure enough staff are on duty at all times to meet people's needs.

Using medicines safely

- Medicine systems were in place and people received the medicines they were prescribed. Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included when medicines were given covertly.
- Staff administered people's medicines in the way prescribed for them. If medicines were prescribed 'when required' then staff would access guidance to help them decide when a dose might be needed.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. The service implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- People received their medicines from staff who had received medicines training and had their competency assessed when they first started working for the service. However, staff did not have an annual review of their knowledge, skills and competence in line with national guidance.

We recommend the provider take advice from a reputable source to take into account the NICE guidance document 'Managing medicines in care homes.'

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments and associated care plans in place. These included information about risks associated with mobility, personal care and at times when people became anxious. However, one care plan did not always provide clear information and guidance. For example, records viewed stated that one person had historically had a fall which was not detailed within that person's care plan. Reassurances were provided that this would be rectified.
- Risks had not always been assessed for all community activity's people were being supported with. The registered manager responded immediately to the concern and completed a risk assessment.
- Some environmental risks were not being well managed. We found the radiators within the dining room and downstairs hallway too hot to be able to hold our hand against for more than 30 seconds. The registered manager responded immediately to the concern and arranged for maintenance on the radiators to reduce the temperature, and for radiator covers to be fitted.
- Water temperatures were not maintained at a safe temperature. We found the hot water coming from the bath and bathroom sink were too hot to hold our hands under after running for 1 minute. The temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). The registered manager responded immediately to the concern and arranged for thermostatic mixer valves (TMV's) to be fitted.
- A legionella risk assessment completed in June 2022 identified actions that were required to be completed within 6 – 8 weeks. At the time of the inspection, the actions had not been fully completed. One of these actions was for TMV's to be fitted. The registered manager responded immediately to the concerns and arranged for the actions required to be completed.
- We found no evidence that people had been harmed as a result of the above shortfalls, and by the end of the inspection the actions identified had been addressed.

We recommend the provider reviews their practice to ensure they are identifying risk, and doing all that is reasonable practicable to mitigate risk.

- Relatives spoken with raised no concerns regarding the safety of the service, with one family member commenting that when they were not present within the service they are assured their relative was safe.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. Restrictive interventions had reduced significantly within the home.
- Records of incidents, accidents and falls were recorded and reviewed.
- Staff spoken with knew how to raise concerns and record incidents and near misses. This helped keep people safe.

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had visiting arrangements in place that aligned to government guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from abuse. Staff had access to appropriate policies and procedures.
- People were kept safe from possible abuse because staff knew them well and understood how to protect them from abuse.
- Staff had training on how to recognise and report abuse and the staff spoken with knew how to apply it.
- People looked comfortable and relaxed with the staff who worked with them.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to 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.

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

- Governance processes helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. These included audits of health and safety, medication and care records.
- The processes had not identified the areas of improvement identified within the safe section of this report. The shortfalls identified did not have any impact on the care and support people received and the registered manager took immediate action to rectify.
- We reviewed the audits the service completes and identified these were not always accurate. One audit completed stated that radiator covers were in place and a health and safety audit completed stated there was a suitable and sufficient risk assessment in place for Legionella.
- We found the registered manager had failed to provide CQC with a statutory notification about the outcome of an application to deprive a person of their liberty. The registered provider must notify CQC about these outcomes. We have asked the registered manager to review their records and provide us with the notification.

We recommend systems and processes are reviewed to ensure there is effective oversight of the service to monitor and improve the quality and safety of the service provided.

- The registered manager had been registered manager at the home for 2 months. The registered manager was also registered at another home owned by the same provider. The registered manager supported the inspection and was open and transparent throughout. This demonstrated their commitment to provide person-centred and high-quality care. The registered manager acted efficiently on queries and feedback throughout the inspection.
- Feedback from visiting professionals was complimentary about the management of the home. Comments included, "I found this home to be very well run and homely" and "The home appeared well managed and the atmosphere pleasant and relaxed. From our limited involvement, there were no concerns about the wellbeing of the resident."

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

- The registered manager and staff spoke passionately about people being supported and wanted them to live their best lives. The team showed their commitment to providing person centred, high-quality care. This

had led to a reduction in people's anxieties.

- People were observed to receive individualised support in line with their support plan from staff who were kind, caring and patient. One staff member told us, "Everything we do is for the residents, to better their lives, get people out into the community, have fun and encourage to be independent."
- Staff spoken with felt able to raise concerns with managers, and felt listened too in the first instance. However, concerns were raised by staff regarding performance management, and the monitoring of the concern raised due to repeated issues occurring.
- Relatives were positive about the service provided to their loved one. When asked about the service provided to their loved one, one relative said, "In one word outstanding." Other comments included, "All the carers are so patient with [relative], they are brilliant" and "[Relative] is looked after well, they seem to all care about [relative], they genuinely seem to care, it's not just a job."

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- People were supported to keep in touch with their relatives. One relative told us the carers supported their relative to videocall them, and also supported their relative to visit them monthly. Another relative commented, "I only have to ask and they will help me see [relative]."
- Relatives felt they were kept fully informed about everything stating, "[Registered manager] phones me up when she has an appointment or if [relative] isn't well, they do keep me informed" and "[Registered manager] is exceptional, we are informed of any incidents and always kept in the loop."
- The service worked well in partnership with advocacy organisations/ other health and social care organisations, which helped to give people using the service a voice/ improve their wellbeing. We received positive feedback about the staff and home from visiting professionals. Comments included, "[Registered manager] acts as an advocate for his clients when there are needs that need addressing and again reaches for support if this is needed", "[Registered manager] supports his residents to make sure they have their medical needs supported" and "Staff were very welcoming and extremely informed about the behavioural and communication needs of the resident and were able to support the therapist with working with the resident to achieve the best outcome for them."
- The service was currently working in partnership with other professionals to support a person with medical procedures required. One relative told us, "They are good at supporting [relative] to hospital appointments and [registered manager] will always let us know the outcome."

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

- Systems were in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements providers must follow when things go wrong.
- The registered manager said they would look into concerns we had raised. They have shared actions they are going to make following the inspection.