Mrs J Jobbins

Laurieston House

Inspection report

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Date of inspection visit:
12 November 2020
16 November 2020
19 November 2020
02 December 2020

Date of publication:
08 March 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Inspected but not rated**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Laurieston House is a care home providing care and support for 12 people, some of whom have dementia. At the time of our inspection there were five people living at the service. The home comprised of a main house which had five rooms. Three of these rooms could be shared. At the time of our inspection one room was shared by two people. There were also five bungalows in the grounds, three of which could be used for people who may require support with some aspects of personal care. Two of the bungalows were for people who lived independently.

People's experience of using this service and what we found
People were at risk of harm as the provider had not made sure safe and appropriate measures were in place to keep them safe at all times. We have made one safeguarding referral as a result of findings during this inspection.

People were not being supported by sufficient numbers of staff at all times which placed them at risk of harm. Staff had not received up to date training in all areas to enable them to carry out their duties.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Quality monitoring systems were not robust to assess, monitor and improve the quality and safety of the service. The provider was not following current good practice guidance for all areas of care and support. This placed people at risk of harm. There was one incident which had not been notified to CQC as required by law. The provider took immediate action to address this shortfall.

Records of people's care and support were not always clear about what action staff had taken. Care plans were not updated with new guidance in a timely way.

People were living in a home that was clean and measures were in place to ensure safe visiting. People and staff were being regularly tested for COVID-19 as outlined by the government. Staff were observed to be wearing personal protective equipment safely and they had access to adequate supplies of stock.

People, relatives and staff spoke positively about experiences of care and support. Staff told us they had been supported by the provider through the pandemic and given up to date guidance.

People had support from staff to manage their medicines. Medicines administration records had been completed with no gaps in recording and medicines were in stock. One healthcare professional we spoke with talked positively about the care and support provided.

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

Rating at last inspection and update - The last rating for this service was requires improvement (published 10 April 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 3 March 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve the need for consent and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

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 coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained the same, Requires Improvement. This is based on the findings at this inspection. This is the third consecutive Requires Improvement rating for this service.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laurieston House on our website at www.cqc.org.uk

Enforcement
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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the need for consent, good governance, staffing and failing to notify CQC of all incidents at this inspection. We served warning notices to the provider for the breaches of regulation found.

Follow up
We will request an action plan for 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 return to visit to check improvement has been carried out. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Inspected but not rated

At our last inspection we rated this key question Requires Improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Laurieston 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 Care Act 2014.

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
This inspection was carried out by one inspector. On the 12 November 2020 a public health specialist visited the service with us.

Service and service type
Laurieston House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered person registered with the Care Quality Commission. This means that they are the provider and legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information

about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with two members of staff and the provider. We reviewed a range of records which included four people's care records, medication records and incidents and accidents. In order to limit the amount of time spent at the service we organised to talk with people, relatives and staff after our site visit.

After the inspection
We spoke with two people and four relatives about their experience of the care provided. We spoke with the Care Co-ordinator and a further two members of staff. We also spoke with one healthcare professional for their views about the service.

We reviewed a range of records relating to the management of the service. This included survey results, cleaning schedules, staff meeting minutes and quality assurance records. We continued to seek clarification from the provider to validate the evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- At our last inspection we found the provider had not always taken action to mitigate risks that had been identified. At this inspection we found this had not improved.
- One person had been assessed as being high risk of developing pressure ulcers. Risk management plans for this person were not robust. Healthcare professionals had visited and advised a treatment plan for this person. The advice and recommendations had not been added to the person's care plan. This meant the provider could not be sure staff were following the advice given.
- This person had been assessed as needing to be repositioned every two hours to mitigate the risks of developing pressure ulcers. Records had not been completed to demonstrate the risk management plan guidance had been followed. For example, we saw there were two occasions where no record of position change had been recorded for six hours. The provider told us the person would have been repositioned, but staff had not recorded the action. They said they were aware their record keeping required improvement. We have made a referral to the local authority safeguarding team for this person.
- People did not always have moving and handling assessments. One person who was at risk of falling had guidance in their care plan for staff to lower them to the floor. It did not say how to do this safely or what equipment to use.
- At our last inspection we found the provider had not recorded any review or analysis of accidents and incidents. At this inspection we found this had not improved.
- Accidents and incidents had been recorded in the accident book. There was a section for a manager to review action taken to prevent reoccurrence. In this section staff had recorded a seven day follow up care plan was in place which was additional monitoring for the person. There was no record of how the provider would prevent reoccurrence.

The provider failed to have systems and processes in place to assess, monitor and mitigate risks to people which placed them at risk of harm. This was a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People were not being supported by safe numbers of staff at night which placed people at risk of harm. The provider had reduced their night staff numbers in January 2020 to one member of staff. Staff could call the provider if they needed assistance as they lived in a property next to the main home.
- Night staff left the main home to check on people living in the bungalows which meant the main home was left unattended. We were not able to see any evidence of staff calling the provider to cover the main

home when they needed to leave it.
● We saw incident forms which recorded people had falls and incidents at night which required staff to help them. One person had been assessed as being at risk of trying to stand up unaided which could cause them to fall. The provider had recorded this person required staff to always be 'in their vicinity' to help keep this person safe. There were not enough staff always deployed to keep people safe at all times.
● Staff had not received up to date and appropriate training for pressure area care. The provider's training for this area contained out of date practice guidance. We observed staff were being told by the provider to use talc for pressure area care. This is not current good practice guidance and put people at risk of harm.

The provider failed to deploy safe numbers of staff at night and failed to make sure staff had the training required for them to carry out their role safely. This placed people at risk of harm and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Despite the shortfalls we have found people and relatives told us people were safe. One person told us, "I feel quite safe here yes." Another person said, "I do very much feel safe."
● People were supported by staff who had been recruited safely. The required checks had been carried out prior to staff starting employment.

Using medicines safely
● People had their own medicines administration record (MAR) and those we viewed had no gaps in recording. Staff kept a daily stock count to make sure people had their medicines as prescribed.
● Where people had medicines to be given 'as required' there was a protocol in place to give staff guidance on when to administer this medicine. People's medicines were reviewed by their GP regularly.

Preventing and controlling infection
● There were systems in place for visitors to the home. Visitors had their temperatures checked and were provided with personal protective equipment (PPE). Visiting had to be pre booked and was planned to minimise any risks of infection. One relative told us, "Every time I have been to the home, they have always had the proper PPE on, everything is all done properly."
● Staff had access to PPE and we observed they were wearing it safely. People told us staff wore appropriate PPE when they received support. One person said, "I just regard it [wearing PPE] as something that has to be done, it is not just this home. Everyone has got to follow the instructions of what you have to do. We try and joke about it."
● Staff told us they had been supported and given guidance by the provider during the pandemic. One member of staff told us, "We have training, we have all the PPE we need here, I have been shown how to put it on and take it off and we have posters in the bathrooms which have pictures on how to do it. We have all been shown how to handwash, we also have posters up which show us how to do this."
● The provider told us cleaning schedules had been revised and staff were cleaning high contact areas more frequently. We observed the home was clean and smelt fresh.
● People and staff had engaged in the governments testing for COVID-19 per the recommended frequency.

Inspected but not rated

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements notice from the last inspection. We will assess all of the key question at the next comprehensive inspection of the service.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires 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).

At our last inspection, the service did not have robust systems in place to assess capacity and gain consent in line with MCA. This was a breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 11.
- We found one person who was being supported with restrictive practice. This person did not have an MCA assessment or evidence of best interest decision making. We were not able to see that staff had followed the principles of the MCA to support this person's decision making.
- This was the third consecutive breach of regulation 11. During the inspection we signposted the provider to free online tools to use to follow the MCA process.

People were at risk of not being supported in the least restrictive way and without the required processes being followed to protect their rights. This was a continued breach of Regulation 11 (need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Requires Improvement

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection, the service did not have robust quality assurance systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found not enough improvement had been made and the provider was still in breach of regulation 17. This is the third consecutive breach of this regulation.

- Systems were not in place to assess and monitor the quality and safety of the service. There were some checks being carried out, for example, staff were checking medicines administration and recording their findings. However, there were some checks that were not being recorded in full. For example, staff wrote "checked all areas" in a diary, this gave no indication of what was checked and what exactly was found. The provider told us this was for checks of the cleaning.
- The provider had a quality management action plan and a quality improvement action plan. These did not give the provider an overview of how the service was developing and where improvement was required. For example, the quality management plan said staff would check notifications were current and in the file. Staff have recorded the dates 2019 and 2020 but not recorded the month this was checked. We have found notifications that were not completed for 2019 and 2020, though the provider took action to submit them following the inspection.
- The quality improvement action plan recorded that all care plans were to be reviewed monthly and 'best interests as required'. There were no supporting audits to demonstrate these actions are being completed accurately and in a timely way. We have found care plans that have been reviewed monthly but not updated and there is no evidence of any best interests' meetings. The quality monitoring systems in place were not robust.
- Daily records were not being completed in full to record the actual care and support provided. For example, we found staff were recording entries such as 'pc provided'. It was not clear if 'pc' was personal care, pad being changed or pressure care. The provider could not be assured people's needs were being met at all times due to records not being completed consistently and appropriately.
- Incident forms did not always record what had taken place. For example, one record stated '[Person] was getting out of bed, [they] did not know how it happened when asked'. It is not recorded what the incident

was. It was not always clear on the incident forms how the person was found, for example, on the floor. This is not an accurate account of what has happened which means the provider could not review the incident in full. It also does not provide accurate information to medical professionals of what has happened should the person sustain any injury.
● People's records were not always kept up to date with current needs. For example, one person had a care plan which recorded they needed two members of staff to transfer. When we checked with the provider, they told us this person was independent. This had not been recorded in the care plan.
● Records sent to family members requesting their views about the service demonstrated the provider did not have an understanding of quality monitoring. We found two surveys that had been sent to families which recorded the provider was asking for feedback as CQC required it. This does not give assurance the provider understands their responsibilities to evaluate and improve their practice by seeking and acting on feedback from people and relatives.
● The provider did not demonstrate that that they had a good understanding of their legal responsibilities in line with The Health and Social Care Act 2008. We spoke with the provider and saw in records some outdated care practice. This included the providers legal responsibilities to support people to be safe; the use of talcum powder to treat vulnerable areas of skin; the use of sheepskins for people with poor tissue viability and recognising and supporting people's ability to make choices.
● We have found two repeated breaches of regulation and one further breach of regulation. This service has been rated requires improvement for the third consecutive time. This does not demonstrate the provider understands what is required to achieve a good rating.

People were at risk of harm as the provider failed to have in place systems to assess, monitor and improve the quality and safety of the service provided. This was a continued breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We found one incident which required a notification to CQC which had not been completed. The provider took immediate action to submit the notification as required by law.
● At our last inspection we found the provider had failed to display rating from the last inspection in the service which they are required to do. At this inspection we were able to see the rating displayed.
● Feedback from people and relatives about the service was overall positive. One relative told us they had concerns with communication at the home. The provider told us they knew about the concerns and had taken action to try to improve communication.
● Comments from people and relatives about the staff approach and care provided were positive. Comments included, "Staff are exceptionally helpful, they phone for any reason, just to tell me they notice things, they are really good. I can phone up and say what I want, they are open to discussion on anything", "Staff are very empathetic, they really supported me" and "They [staff] are all lovely."
● Staff were able to meet and discuss concerns with the provider and told us there was good morale amongst the team. One member of staff said, "I think if there are any problems they get resolved easily and quickly, I just think this is a small home, everything is managed well." Another member of staff said, "We are a good team here, we all talk amongst each other, we all know each other. We don't have a high turnover of staff, so we all have worked with each other for a while."

Working in partnership with others
● The provider worked with some local healthcare professionals to make sure people's health needs were supported. However, one relative told us they were concerned the service had not supported their family member to access chiropody services in a timely way. We discussed this with the provider who told us they were struggling to find services available during the pandemic, but a referral had been made.
● The provider had not taken any support offered by the local authority during the pandemic. For example,

the local authority offered providers of care services free webinars and forums to help them with guidance during the pandemic.

● We wrote to care providers in April 2020 and asked them to complete the NHS capacity tracker. This tool was used to monitor care home capacity by local authorities during the COVID pandemic. The provider has not completed this tool.

● Community nurses visited the home regularly to see people for their health care needs. One professional told us, "The care there is excellent. All the staff are caring, they have regular contact with me, we do weekly calls."

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

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 have systems in place to assess people's capacity and make sure best interest decision making was recorded evidencing the least restrictive options were being applied. Regulation 11 (1) (2) (3)

The enforcement action we took:

We issued the provider a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider failed to assess, monitor and mitigate risks for people at the service and make sure people were safe at all times. The provider failed to assess, monitor and improve the quality and safety of the service. The provider failed to have in place systems to seek and act on feedback in order to evaluate and improve their practice. Regulation 17 (1) (2) (a) (b) (e) (f)

The enforcement action we took:

We issued the provider a Warning Notice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to deploy sufficient numbers of staff at all times and failed to provide appropriate training to enable then to carry out their duties safely. Regulation 18 (1) (2) (a)

The enforcement action we took:

We issued the provider a Warning Notice.