Larchwood Care Homes (South) Limited

Lauriston House

Inspection report

Lauriston House Nursing Home
Bickley Park Road
Bromley
Kent
BR1 2AZ

Date of inspection visit:
29 August 2017
31 August 2017

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28 September 2017

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 took place on 29 and 31 August 2017 and was unannounced. Lauriston House provides residential and nursing care for up to 39 older people most of whom are living with dementia. At the time of our inspection there were 33 people using the service.

The home did not have 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. The previous registered manager left employment in April 2017. The current manager had been working at the home for four weeks at the time of this inspection. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were in the process of applying to the CQC to become the registered manager for the home.

At our last inspection of the home on 2 and 4 August 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in that there was a lack of activities provided to people that met their needs and preferences. During this inspection we found that people were being provided with a range of activities that met their needs.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Procedures were in place to support people where risks to their health and care needs had been identified. There were safe staff recruitment practices in place. Medicines were managed, administered and stored safely.

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. Staff had completed an induction when they started work and they received supervision and training relevant to the needs of people using the service. People's care files included assessments relating to their dietary support needs. People had access to health care professionals when they needed them.

People's privacy was respected. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. People received appropriate end of life care and support when required. Care plans and risk assessments provided guidance for staff on how to support people with their needs. People and their relatives were aware of the home's complaints procedure and records showed that complaints were responded to appropriately.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received. The provider took into account the views of people using the service through residents and relatives meetings and satisfaction surveys. The provider carried out unannounced visits to the home to make sure people where receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from their colleagues and the manager.

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

There were safeguarding adults and whistle-blowing procedures in place and staff had a clear understanding of these procedures.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Procedures were in place to support people where risks to their health and care needs had been identified.

Medicines were managed, administered and stored safely.

Is the service effective?

Good

The manager had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation.

Staff had completed an induction when they started work.

Staff received supervision and training relevant to the needs of people using the service. The manager had arranged supervision for new staff. We will check on staff supervisions at our next inspection.

People's care files included assessments relating to their dietary support needs.

People had access to health care professionals when they needed them.

Is the service caring?

Good

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

People's privacy was respected.

People received appropriate end of life care and support when required.

People were provided with appropriate information about the home.

Is the service responsive?

Good

There was a range of appropriate activities available for people to enjoy.

Care plans and risk assessments provided guidance for staff on how to support people with their needs.

People and their relatives were aware of the home's complaints procedure and records showed that complaints were responded to appropriately.

Is the service well-led?

Good

The home did not have a registered manager in post. The current manager was in the process of applying to the CQC to become the registered manager for the home.

There were appropriate arrangements in place for monitoring the quality and safety of the service that people received.

The provider took into account the views of people using the service through residents and relatives meetings and satisfaction surveys.

The provider carried out unannounced visits to the home to make sure people where receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from their colleagues and the manager.

Lauriston 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 checked 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 29 and 31 August 2017 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspector returned to the home on the second day. Before the inspection, the provider completed a 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 looked at the information we held about the service including notifications they had sent us and the provider. We also received feedback from the local authority that commissions services from the provider. We used this information to help inform our inspection planning.

During the inspection we spent time observing the care and support being provided to people. We looked at records, including five people's care records, staff recruitment and training records and records relating to the management of the home. We spoke with ten people who used the service and five visiting relatives. We also spoke with six members of staff, the manager and the regional manager.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe and that staff treated them well. One person said, "I'm happy here, I'm safe enough." A relative said, "I've got peace of mind that my loved one is safe." Another relative said, "I'm happy that my loved one is here and they're safe."

The home had policies and procedures for safeguarding adults from abuse. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the nurse or the manager. The manager told us they were the safeguarding lead for the home and they were aware of the action to take when making a safeguarding referral if required. Training records confirmed that all staff had received training on safeguarding adults from abuse. One member of staff told us, "I would report any concerns I had to the manager. If I thought I needed to I would tell social services and the CQC."

The manager showed us a rota and told us that staffing levels were arranged according to the needs of people using the service. We observed a good staff presence and staff were attentive to people's needs. The manager and regional manager told us that 13 new staff had started working at the home within the last three months and that four staff had left employment. They said the home was now less reliant on agency staff to cover vacancies. They were in the process of recruiting further staff. People using the service, relatives and staff we spoke with told us there was always enough staff on duty to meet people's care and support needs. One person said, "It's got better lately. There is more staff." A relative said, "There are a lot of new staff and they don't use as much agency now which is good." A member of staff told us, "The staffing levels have definitely improved. We can spend a bit more time with people now and help with activities."

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any gaps in employment, two employment references, health declarations, proof of identification and evidence that criminal record checks had been carried out. The manager told us that they monitored each nurse's NMC registration to make sure they were able to practice as nurses. We saw that checks were carried out to make sure nurses were registered with the Nursing and Midwifery Council (NMC).

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs and skin integrity. For example, where people had been assessed at risk of falling we saw people's care plans recorded the support they needed from staff to ensure safe moving and handling. Where people had falls we saw these were documented and their risk assessments and care plans were updated. We also saw risk assessments had been completed for malnutrition and there was guidance for staff to follow for supporting people who had difficulty swallowing.

There were arrangements in place to deal with foreseeable emergencies. We saw that where required call bells had been placed within people's reach. We observed that staff responded quickly when call bells were

activated. One person said, "The call bell gets answered quickly". Another person said, "When I use the call bell the staff come so I don't usually have to wait very long." People also had individual emergency evacuation plans which highlighted the level of support they required to evacuate the building safely.

There were safe systems in place for storing, administering medicines and for monitoring controlled drugs. Medicines were stored securely in locked trolleys in locked clinical rooms. The clinical rooms were clean and had hand washing facilities. Where medicines required refrigeration we saw they were stored in a medicines fridge. Nurses checked the minimum and maximum room and fridge temperatures daily and we saw that temperatures were in the correct range for all medicines to remain effective.

We spoke with a nurse about how medicines were managed and observed a medication round. They told us that only trained nurses administered medicines to people and confirmed that medicines competency assessments had been completed by nurses before they could administer medicines. We observed them administering medicines to people safely in a caring and unrushed manner. One person told us, "I'm on lots of medication and I always get it at the right time." We saw individual medication administration records (MAR) for people using the service. These included the persons photograph, details of their GP, information about their health conditions and any allergies. There was individual guidance in place for staff on when to offer people as required medicines (PRN). We saw a controlled drugs record book. This had been signed by two nurses each time a controlled medicine had been administered to people. Regular daily checks of controlled drugs were in place and were documented in the controlled drugs record book.

Good

Is the service effective?

Our findings

People told us staff were effective and met their needs. One person told us, "I get on well with the staff, and they are good at their job". Another person said, "There is some really good staff. I prefer the staff that have been here a while but I must say that some of the new staff are improving with the help of other staff." A relative said, "I think the staff are well trained."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They told us they were shadowed by experienced staff as part of their induction. One member of staff said, "An experienced member of staff showed me everything I needed to know about the people living here and how to complete records. That helped me to get to know how the home worked." The manager told us that new staff are required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
We looked at staff training records which confirmed that all staff had completed an induction when they started work. Staff had also completed training relevant to the needs of people using the service. This training included equality and diversity, moving and handling, infection control, safeguarding adults and children, food hygiene, fire safety, health and safety, first aid, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had received training in the safe administration of medicines, catheterisation, venepuncture and wound care.

Staff told us they were well supported by their line managers and the home manager. One member of staff told us, "I have supervision with my line manager every three months." Another said, "There have been a few managers running the home in the last year. I had supervision about six months ago. I have met with the new manager and arranged for supervision session next week." A third member of staff said, "I started quite recently and I am completing my induction. I have been getting good informal supervision and support from my line manager. I have booked supervision with the new manager." Records seen confirmed that some staff had been receiving regular supervision since May 2017. We also saw a supervision planner for new staff. We will check on staff supervisions at our next inspection.

Staff were aware of the importance of seeking consent from people when offering them support. A member of staff told us, "I would not do anything for unless it was okay with them. I wouldn't force anyone to do anything if they didn't want to."

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager demonstrated a good understanding of the MCA and DoLS. They said that some people using the service had capacity to make some decisions about their own care and treatment. We saw that capacity assessments were completed for specific decisions and retained in people's care files . Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that a number of applications had been made to the local authority to deprive people of their liberty. Where these had been authorised we saw that the appropriate documents were in place and kept under review and the conditions of the authorisations were being followed by staff.

People's care plans included assessments relating to their dietary requirements, food likes and dislikes, food allergies and their care and support needs. We saw that speech and language therapist's advice had been sought for people with swallowing difficulties. We saw that eating and drinking support guidelines for staff to follow were in place in their care files. We saw that pre prepared meals were supplied by an external company and heated up at the home. Staff served meals to people according to their dietary requirements and choices.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. There was plenty of staff to support people in the dining room. Some people preferred to eat their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. People were also provided with drinks throughout the day and these were available in the lounge and in people's bedrooms. One person told us, "There's always a good choice on the menu. If there's nothing that you like they always get you something else." Another person said, "I'm on a `soft diet' and need staff support to eat when I'm in bed. When I'm able to use the wheelchair I eat in the dining room. I like to be independent as I can." A relative commented, "My loved one has no problems with the food, and eats very well. They have gained weight since being here and they needed to do that."

Staff monitored people's health and wellbeing and people had access to a GP and other healthcare professionals when needed. Where there were concerns people were referred to appropriate health professionals. We saw records from the GP and healthcare professional's visits recorded in the care files we looked at. One person told us, "I'm booked to see the doctor today. I'm on his list, he comes every Tuesday." A relative said, "With the help of the staff my loved one has gained weight. They also have a new wheelchair and they are sitting out in the wheelchair for an hour per day."

Good

Is the service caring?

Our findings

One person using the service told us, "I think the staff are caring and very kind. I have never had any problems with any of them." Another person said, "It's okay here. The staff are nice enough." A third person commented, "I am very well looked after in here. The staff are pleasant to deal with. I would say they are very caring." A relative told us, "The staff look after my loved one very well."

People told us they had been consulted about their care and support needs. One person told us, "The staff know what my needs are. They are always asking me if I am alright and if I need anything different." Another person told us, "I can do a lot for myself and the staff let me get on with things. If I need any help I can ask staff for help. It's all written up in my care plan." A relative told us, "The home carried out an assessment when my loved one moved into the home. They asked me for my views on the care they needed. I attend regular review meetings at the home with the managers, nurses and social workers."

People using the service told us their privacy and dignity was respected. One person said, "The staff are always very respectful towards me. They are never moody or rude. When they help me with personal care they close the curtains and doors to make sure everything is done in private." Another person told us, "I can wash and dress myself so I don't need any help in that department. The staff knock on my door before coming in to my room and they are always polite. I would say that I am respected by the staff." A third person commented, "The staff are chatty and very friendly, and respectful of my feelings and my privacy." A relative told us, "The staff always give personal care to my loved one in private, they always ensure that doors and curtains are closed which is important."

We saw that bedroom doors were closed when staff were supporting people with care. Staff told us they maintained people's dignity and privacy when offering personal care by drawing curtains and shutting doors. They said they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could by themselves. They also told us they made sure that personal information about people was locked away at all times.

People received appropriate end of life care and support. The manager told us the home worked closely with a local hospice for providing end of life care to people at the home. We saw 'looking ahead' documents in some people's care files which recorded their wishes regarding their end of life care and support needs. This document had been completed by them, family members and a nurse from the local hospice. We also saw completed Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some peoples care files. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, their relatives, where appropriate, and were signed by their GP.

People using the service were provided with appropriate information about the home in the form of a 'Service Users Guide'. This included the complaints procedure and the services the home provided and ensured people were aware of the standard of care they should expect. The manager told us this was given to people and their relatives when they moved into the home.

Good

Is the service responsive?

Our findings

People told us the service met their care and support needs. One person using the service told us, "I am well looked after and I get everything I need."

At our last inspection at the home in August 2016 we found a breach of our regulations because there was a lack of activities provided to people that met their needs and preferences. At this inspection we found that activities for people using the service had improved. The home had employed a second activities coordinator to work at the home. We spoke with both of the activities coordinators. One told us they carried out room visits to people nursed in bed during the morning. The visits included chatting about people's interests such as horse racing, current events and people's plans for the day. They also offered hand massage and manicures. The other coordinator said they worked later in the day into the evening which some people preferred.

We saw an activities programme displayed on both floors of the home. Activities on offer included visiting entertainers, coffee afternoons, bingo, keep fit, walks in the garden and mini bus outings. There was a Church service on Sundays and visiting volunteers from the Church also attended the home on a weekly basis to speak with people using the service. The coordinators told us that the week previous to the inspection a group called animal encounters visited the home with rabbits, tortoises, guinea pigs and a skunk. They told us that people using the service really enjoyed the session.

Throughout our inspection we observed positive interactions between staff and people using the service. Staff knew people very well and communicated with them effectively. They provided support in a sensitive way and responded to people politely, allowing them time to respond and also giving them choices. They displayed kindness and understanding toward people and addressed them by their preferred names. During our inspection we observed one person who used the service expertly play the piano and other people taking part in bingo games and one to one sessions with the activities coordinators in their rooms. We also saw a group of people went on a mini bus trip on the second day of our inspection. One person told us, when they had returned, "We had a great day, had a nice meal out, it was lovely." A relative told us, "The activities here have improved a lot since the new coordinator started working at the home. My loved one has got out of the home a few times now and that's what they really need to be doing." A member of staff told us, "We have been encouraged to support the coordinators with the activities at the home and not leave everything to them. I enjoy doing that. I think having the new staff has helped also."

Assessments were undertaken to identify people's support needs when they moved into the home. Information contained in the care files indicated that people using the service, their relatives and healthcare professionals had been involved in the care planning process. Care plans and risk assessments were developed using the assessment information and included guidance for staff on how people's needs should be met. The guidance described the support people required from staff with their personal and nursing care needs. Care files also included details of the person's life history, capacity assessments and, where appropriate, Deprivation of Liberty Safeguards authorisations and associated records. We saw that care plans and risk assessments were reviewed each month and reflected any changes in people's needs. A

relative told us they had discussed their relatives care plan with the home regarding getting their relative back into a wheelchair so that they could return to a club they used to attend. The home had obtained a new wheelchair and had arranged a review at the hospital. The relative said, "My loved one feels that they are soon going to be able to return to his club, and meet up with their friends again."

People using the service and their relatives said they knew about the home's complaints procedure and they would tell staff or the manager if they wanted to make a complaint. We saw copies of the complaints procedure displayed throughout the home. One person told us, "I would to speak with the manager, not that I've needed to make a complaint." Another person said, "I've only made a complaint twice. Both times I felt listened to, they were resolved promptly and I was updated." We saw a complaints file that included a copy of the providers complaints procedure and forms for recording and responding to complaints. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately and where necessary discussions were held with the complainant to resolve their concerns.

Good

Is the service well-led?

Our findings

People using the service and their relatives told us the manager was always around and they were friendly and approachable. One person said, "I know who the manager is, I see him a lot and he always speaks to me." Another person said, "The manager is easy to talk to". A relative said, "Things have improved recently. The new manager seems to be on the ball." Another relative said, "The manager is approachable and is happy to listen to me."

The home did not have a registered manager in post. The previous registered manager left employment in April 2017. The current manager had been working at the home for four weeks at the time of this inspection. They demonstrated good knowledge of people's needs and the needs of the staffing team. They were in the process of applying to the CQC to become the registered manager for the home. We noted that Deprivation of Liberty Safeguards notifications had not been sent to the CQC as required by law. We discussed this with the manager and regional manager who said there had been some confusion on when these notifications should be sent. They took immediate action and submitted the notifications during the inspection. Our records showed that all other notifications were submitted to the CQC when required.

Staff spoke positively about the leadership provided by the new manager. They told us there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One member of staff told us, "We have had a few managers over the last year or so. I hope the new manager stays. He has an open door and I think he listens to what we say. There have been some improvements since he came. For example there is more permanent staff, the food is better, the place is cleaner and activities for people have really improved." Another member of staff said, "I like the new manager, he is easy to talk with and involves the staff in making decisions. It looks like things are settling down and going the right way."

There was a range of quality assurance systems in place to monitor the quality and safety of the service. We saw records confirming that audits of medicines, care files, staff files, staff training and supervision, infection control and health and safety were being carried out regularly at the home. People's care plans and risk assessments were reviewed regularly. We also saw records confirming that regular checks were carried out by engineers on equipment such as the fire alarm system, electrical appliances, gas safety, lifts, the call bell system and slings and hoists. We also saw reports from unannounced visits carried out at the home by the provider in June and July 2017. The regional manager told us they carried out these unannounced checks to make sure people where receiving appropriate care and support.

The provider carried out internal audits at the home on a six monthly basis. During the last audit, carried out at the home on the 31 January 2017 the provider had identified several areas where improvements were required. These related to, for example, fire evacuation equipment not being easily accessible and fire evacuation simulations and documentation not being completed. The manager showed us a report confirming that actions had been taken to address these issues. The provider was due to carry out another internal audit in September 2017. The regional manager also carried out weekly monitoring visits to the home to ensure the home was operating effectively, to support the manager and speak with staff and

people using the service. They showed us a report including the actions taken by the home to ensure that all of the improvements identified in the provider's January report were being maintained.

The provider took account of the views of people using the service and their relatives through surveys and meetings. We looked at the results for a satisfaction survey conducted in May 2017. Feedback was generally positive. The provider had analysed the feedback and developed and action plan. Actions included redecorating communal areas and purchasing new furniture for the home. We saw the minutes from a residents meeting held in May 2017. Issues discussed at the meeting included activities, meals and upcoming events such as school fetes. We also saw the minutes from a relatives meeting held in July 2017. One person using the service said, "My relative always attends the relatives meeting. They are very good at looking out for my interests." A relative told us, "There were four senior managers at the last meeting. We were able to discuss topics directly with them which was good. They were very open, encouraging."