

CC The Laurels Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

CC The Laurels Ltd is a residential care home providing accommodation and personal care for up to 32 people aged 65 and over. At the time of the inspection 32 people were living at the service, this included people living with dementia.

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

People and relatives spoke positively about the care and support they received from staff.

The registered manager had not always notified the commission of important events. Following the inspection, they responded promptly and sent through notifications. We have made a recommendation about statutory notifications.

When people had been identified as being at high risk of falling, the registered provider was looking to increase and develop staff awareness. We have made a recommendation about falls awareness.

Systems were in place to safeguard people from harm and risks to people were assessed and monitored.

There were enough staff available to meet people's needs. Medicines were administered by trained staff and where errors were found the registered manager had taken appropriate action.

Staff had completed a wide range of training and were well supported by the registered manager. The service worked closely with other health professionals to meet people's needs.

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 were knowledgeable and caring and treated people with dignity and respect.

People's care was personalised, and they were supported to take part in a range of activities which were meaningful to them. People knew how to raise concerns and told us they were confident action would be taken to address their concerns. People were supported appropriately with their end of life care wishes.

Since the last inspection a new provider was delivering the service. People and their relatives spoke highly of the registered manager and the positive culture created by the new provider. A range of audits were carried out by the registered manager and action was taken when needed.

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

Rating at last inspection

This service was registered with us on 30 August 2018 and this is the first inspection.

Why we inspected:

This was routine inspection, based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

CC The Laurels Ltd

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

CC The Laurels Ltd is a 'care home.' People in care homes receive accommodation and nursing or personal care as 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 manager registered with the Care Quality Commission. This means that they and the provider are 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 their registration.

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 four people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the manager, deputy manager, senior care workers,

care workers, the activity co-ordinator and the cook.

We reviewed a range of records. This included four people's care records and four people's medication records. We looked at two staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found and we sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Learning lessons when things go wrong

- Accidents and incidents were monitored, and measures were in place to minimise the risk of a reoccurrence. When some accidents had resulted in harm, the registered manager had not always notified us correctly. We highlighted this at the inspection, and the registered manager immediately submitted notifications, and reviewed their policies and procedures.
- Staff meetings were held to look at how safety could be improved.
- The registered manager involved the senior care workers in updating the way accidents and incidents were recorded. They said, "It was not robust enough, so we created a new one to ensure more information was being collated and talked about how to avoid the risks as well."
- The registered manager told us they planned to work with the local authority to look at how they could improve safety and reduce harm.
- Staff had not completed falls awareness training, however we were told this was booked.

We recommend the registered provider seeks advice from a reputable source about how to increase falls awareness within the service and reduce the risk of harm to people.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service, and relatives were reassured their family member was cared for safely. One relative said, "I have no concerns at all about safety." Another relative told us, "You need people like these staff here, so you can be at home and know [Name] is being looked after."
- Staff had received safeguarding training and knew how to raise concerns. One member of staff told us, "If I had a concern, if there was as an issue with the care someone received, I would raise a safeguard with you [CQC] and the local authority."
- When safeguarding incidents had taken place, the service had not always sent the appropriate notification to CQC. We reviewed these incidents and found evidence the service had acted to protect people from the risk of abuse. Following our feedback, the service told us they had reviewed and updated their policy and guidance regarding submitting notifications.

Assessing risk, safety monitoring and management

- People had up to date risk assessments in place which were personalised to their needs. The assessments covered a number of areas including medical conditions, support with eating and drinking and mobility needs.
- The registered manager completed regular health and safety audits of the environment and equipment.
- The service had upgraded their fire safety systems as part of their refurbishment plans. During the

inspection we found the previous fire risk assessment had highlighted areas for improvements. The registered manager informed us the service was due a full fire safety audit in November to update the risk assessments, evacuation plans and identify the new equipment in place. After our inspection the service confirmed this audit had taken place and the recommendations from this were being implemented.

Staffing and recruitment

- There were enough staff to meet people's needs. People and relatives told us staff were available to offer support when needed. One relative said, "I am here quite a lot, and I would never say staffing is a problem."
- Staff recruitment processes were safe, with all relevant documentation and checks in place.
- The service covered some shifts with agency workers. Checks were completed to ensure the agency workers were safe working in the service. The registered manager told us, "We do use agency but only the same staff. We complete the same induction with agency people as we would our own staff."

Using medicines safely

- Staff were trained in the administration of medicines and their competency to administer medicines was re-assessed regularly.
- Medicines were stored appropriately and at the correct temperature. Staff checked the temperature of the room twice a day to ensure it remained within a safe range.
- Where people were prescribed 'as and when' medication, there was a protocol in place for staff to follow.
- Medicines which needed to be given at specific times were recorded on the MAR chart and staff were able to tell us the times they needed to be given.
- The registered manager completed regular audits of the medicines.
- During the inspection we found two errors on the MAR charts viewed. Following the feedback, the service told us they had investigated the errors and planned to increase observations and re-train the staff responsible.

Preventing and controlling infection

- Staff wore protective clothing such as, gloves and aprons when appropriate.
- The registered manager regularly completed infection control audits and improvements had been made to infection control processes under the new management of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us they completed a pre-admission assessment for people before they moved in to the service.
- People's care plans showed their needs were assessed and regularly reviewed. When people's needs had changed their care plan had been updated. One member of staff said, "If there are any changes they tell us at handover every morning, and it's put in their care plans."

Staff support: induction, training, skills and experience

- Staff had received an induction when they started. One staff member said, "I shadowed other staff and I did the Care Certificate. All my training was booked in."
- Staff received training relevant to their role and the registered manager monitored this to ensure it was completed and up to date.
- Staff told us they had regular supervision meetings and felt able to ask for support. One member of staff said, "We are always encouraged, if we aren't sure of something, we ask for the answer."

Supporting people to eat and drink enough to maintain a balanced diet

- People's feedback about the quality of the food was mixed. One person told us, "It's acceptable," and another said, "It's mediocre."
- The registered manager had recently completed a survey asking people about the food and what they would like added to the menu. They had updated the menu to reflect people's preferences.
- People did not always receive a choice of options for their lunchtime meal. One relative said, "It is what it is, but they can have another dessert if they want." Another relative told us, "There isn't another choice but [Name] is quite happy with it."
- Staff said although there wasn't another option on the menu, people were always offered an alternative if they didn't like the main meal. The people we spoke with confirmed this was true.
- We saw people being offered a variety of snacks and drinks throughout the day.
- Staff knew about people's dietary preferences and how to support people with specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service supported people to access different healthcare services depending on their needs. These included district nurses, speech and language therapists and occupational therapists. One person said, "The dentist would come here if I needed them to and the GP will come out if I need them."

- People were supported to maintain their oral health, and care plans contained information relating to this. The service did not have an oral health policy in place, however, the registered manager told us training had been arranged, and would be delivered to staff shortly.
- Staff worked alongside visiting healthcare professionals to provide appropriate care. One healthcare professional said, "When you come in the staff are welcoming. They smile and help you if you want anything."
- Relatives told us the service kept them informed and updated about people's health needs and appointments.

Adapting service, design, decoration to meet people's needs

- The service had completed regular audits of the environment using The Kings Fund Assessment Tool. This assessment tool enables services to see how they could improve the environment to make it more dementia friendly.
- The service had been redecorated and a plan of refurbishment was in place to adapt the environment further to suit the needs of people living with dementia. The registered manager told us recent changes included painting the handrails in communal areas in contrasting colours, so they were easier for people to recognise.
- People's bedrooms were personalised and reflected their needs and preferences.

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)

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 had the appropriate legal authority and were being met.

- Staff had received training in MCA and DoLS and were able to explain what it meant. One member of staff said, "It's if they can make their own choices or not and what is in their best interests if they can't".
- We saw staff asking people for their consent prior to giving support.
- The registered manager told us they had recently completed a full review of people's capacity assessments and these were in the process of being updated.
- People's care plans showed their capacity to consent was assessed and where needed, a DoLS had been applied for. The service made decisions in people's best interest.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives said the staff were caring. One person told us, "I wouldn't want to be anywhere else, we get on very well with the staff which makes it very good. They are lovely, and we couldn't ask for better." A relative said, "It is absolutely marvellous, and the staff are lovely. All of them."
- People's care plans were personalised and reflected their individual needs and preferences.
- Staff were knowledgeable about people's support needs and preferences. People told us staff knew them well. One person said, "They are very good at knowing what you like." A relative said, "The Staff are so good especially if [Name] is feeling down. They respond to them very well."

Supporting people to express their views and be involved in making decisions about their care

- People were given choices about what they would like to do and how they would like to be supported.
- People and relatives told us they were involved in making decisions about care. One relative said, "I feel involved. If I have anything to ask, they will tell me and if I had any problems I would go to the manager." Another relative said, "Any health concerns, they will call me straightaway, they've been absolutely wonderful. I feel supported as well by [Name]."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. One person said, "I like being in my room and having a little bit of privacy. The staff respect that."
- People's care plans highlighted the importance of dignity and privacy in their support and gave staff clear guidance about what people could do for themselves and what they needed support with.
- Staff supported people to have control over their day to day decisions. A staff member said, "I only assist as much as someone needs. You mustn't take over."
- Relatives could visit at any time. One relative said, "I stay as long as I want. The staff are respectful and caring and nobody ignores you." Another said, "I'm here all the time and on first name terms with everyone."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and included information about their likes and dislikes, and how they would like to be supported. Not all care plans we viewed contained details about people's life histories. The registered manager told us they were still gathering this information for some people and planned to update the care plans once this was received.
- Care plans were regularly reviewed. One member of staff said, "The care plans are very person centred and we update them as soon as there are any changes."
- People and relatives were involved in reviewing the care plans. The registered manager told us, "The family look at care plans and we discuss needs and changes with them. People who can be are supported and involved, in the care plan as well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans contained detailed information about their communication needs. For example, when people could not communicate verbally, their care plans explained the importance of body language and eye contact and provided guidance for staff on communication and listening skills.
- The registered manager told us they had introduced audio books and books with extra-large print into the library for people who struggle with smaller written text.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved in planning activities that were meaningful to them. The activities coordinator told us, "I ask people, or I ask their relatives. I look at their past and look at what they may like. I try something for one person and then find others like it too."
- Staff encouraged people to become involved in activities they would enjoy. For example, one person's folder said they love animals and we saw the service had encouraged relatives to bring in their dogs as well as organising Pets as Therapy animals to visit.
- The registered manager completed regular audits on the activities being offered to ensure they were relevant for people.
- The service held regular church services and people's cultural and social preferences were considered during the assessment and care planning process.

- People were supported to maintain contact with their families and friends. One relative said, "The staff also keep an eye on me, they ask me if I am alright and make me a cup of coffee."

Improving care quality in response to complaints or concerns

- The service had a complaints process in place and the registered manager had documented and acted upon concerns raised.
- People and relatives told us they were able to raise concerns with the manager. One person said, "When the new management took over I was really concerned but I feel better now. I can talk to them." A relative said, "I would come and tell the manager and they would deal with it."

End of life care and support

- People's care plans contained information about their end of life wishes.
- The registered manager told us they worked closely with other health professionals to support people receiving end of life care.
- The service had selected one member of staff to be their end of life care champion. The member of staff told us, "I attend courses with representatives from other care homes and I pass on any knowledge that I have gained to the staff to make sure everyone is given the best care."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had not always sent notifications to CQC about serious incidents at the service. Notifications were not received for some safeguarding concerns or for accidents resulting in serious injury. Whilst we saw evidence incidents had been investigated by the service, the registered manager was not aware they needed to notify CQC as part of their regulatory responsibility.

We recommend the registered provider ensures they understand what occurrences are reportable to the commission and puts systems in place to ensure compliance.

- Governance systems were in place to give the registered manager oversight of the service however senior care staff had not notified the registered manager of the medicines errors we identified on inspection.
- Staff understood their role and the responsibilities expected of them by the management team and provider.
- The registered manager told us the director of the service offered regular support to them in their role.

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

- People and relatives spoke positively about the culture in the service and the changes introduced under the new management. One relative told us, "The Manager is approachable and easy to talk to." Another relative said, "It is so much better now."
- Staff felt supported by the manager. One member of staff told us "Nothing is too much, I feel really supported." Another said, "The manager is approachable and human, they are visible on the floor and don't lock themselves away."
- The registered manager had implemented changes which promoted positive outcomes for people including refurbishing the environment and updating the care plans.
- When incidents happened, the registered manager kept people and their relatives informed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were encouraged to give feedback about the service. One relative told us, "When the new people took over they did a big refurbishment, we had a meeting about it and they took our views on

board. They listen to you and put right what they can."

- The registered manager and the director of the service had chaired two joint relative and resident meetings since taking over the service. They told us they planned to make these more regular, with quarterly meetings in the future.
- Staff were involved in decisions about the service through regular team meetings, surveys and supervisions. Feedback from one member of staff completing the survey said, "It's a listening management. We have just been taken over and have seen good improvements."
- People's equality characteristics were considered when care planning and people's gender preferences were discussed and recorded in their care plans.
- The service kept a record of the compliments they received from relatives and people who had used the service. Comments included, "We have always been impressed with the welcome and cooperation of the staff. The ambience, atmosphere and care afforded to the people." Another said, "[Name] loved being here with you all. They had a wonderful time. It's truly a bit of heaven here on earth."

Continuous learning and improving care; Working in partnership with others

- The service sought support from other care professionals to build upon staff knowledge and improve care. The registered manager told us the district nurses had provided additional training for staff around people's health needs and the local hospice had provided guidance around end of life care.
- The service planned to use the resources offered by the local authority to develop and improve their monitoring systems.
- The service had built strong links within the community. A local childcare group visited regularly, and different churches were being encouraged to come in to hold services and visit people.