

Caretech Community Services (No.2) Limited

The Laurels

Inspection report

209 Faversham Road
Ashford
Kent
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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

The Laurels is a residential care home providing personal care to up to six people with mental health needs, acquired brain injury or learning disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection, five people lived at the home and four people received personal care.

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

People told us they felt safe living at The Laurels. However, we found management checks were not consistent to ensure the environment was always safe or clean; shortfalls we found were addressed during our inspection. However, audits and quality assurance processes had not identified or acted on these issues as was their intended purpose.

Medicines were stored and managed safely. There were policies and procedures in place for safe administration of medicines. People received their medicines when they needed them from staff who had been trained and competency checked.

Staff were knowledgeable about the Mental Capacity Act 2005. They knew to seek consent for care and knew the process to help those who lacked capacity to make decisions. People's needs were met by the adaptation and design of the service.

People were protected from abuse. When potential safeguarding incidents occurred, staff followed correct processes and reporting procedures. Staff had received regular safeguarding training. Managers acted to investigate concerns and informed the Local Authority safeguarding team and the Care Quality Commission as required.

Managers understood and complied with their regulatory responsibilities. Care plans were up to date and contained the level of detail needed. Risks associated with people's care had been identified and full risk assessments were in place.

People's care was based on their needs and preferences. People were supported to do things they enjoyed. People were independent and chose how to spend their time. An appropriate complaints system was in place.

People were involved in their assessment to ensure the service could meet their needs. Staff had received the training and support required to enable them to fulfil their roles. 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.

People told us they were happy living at The Laurels and liked the staff team who supported them. People were supported to express their opinions about their care. People and staff had positive relationships based on mutual trust. Staff understood people's conditions and needs well and were responsive to these.

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 29 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Laurels

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 one inspector.

Service and service type

The Laurels 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. The registered manager was on pre-arranged holiday leave and was not present for the inspection. The deputy manager was present for the inspection.

Notice of inspection

We gave the provider 24 hours' notice of our intention to undertake an inspection. This was because the organisation was a small service and we needed to ensure that the people living at the home would be available.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection-

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

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the deputy manager to validate evidence found in respect of changes to auditing processes to ensure they were effective and the service remained clean and safe.

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 Good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; preventing and controlling infection

- There were risk assessments for the premises as well as for general risks that could impact on people. However, restrictors, intended to limit the opening windows, were not fitted to one first floor window; there was no risk assessment to support this decision and the other window in the same bedroom was fitted with a restrictor. Nationally published guidance identifies that precautions must be taken where windows are large enough to allow people to fall out. This states the opening should not exceed 100 mm.
- Staff supported some people in some aspects of cleaning the home. However, staff had overall responsibility to ensure the home was clean and that cleaning was sufficient to reduce the risk of infection as much as possible. However, when looking around the home, there was a build-up of staining and dirt on the outside of the toilet and on bedroom door handles.
- We discussed both issues with the deputy manager. They arranged for a window restrictor to be fitted and to clean and review the cleaning of the areas discussed. After the inspection, we received confirmation this was done.
- The deputy manager and staff were knowledgeable about the needs of people in the service. This was important to understanding the risks people's conditions could pose and the support they needed. Each person had a range of individual risk assessments for their environment, healthcare and social support needs. Positive risk taking was encouraged. Following detailed assessment of risk, review and people demonstrating that they could sustain their safety. For example, some people attended venues and events in the community with minimal support but had a mobile phone to contact staff if they needed to.
- Staff were kept up to date of changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required.

Using medicines safely

- People received their medicines when they needed them and medicines were stored and managed safely.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct.
- Medicines records were completed accurately. Some people were prescribed medicines on an 'as and when' basis such as for pain relief and anxiety. There was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective.
- Staff received training to administer medicines and their competencies were checked regularly.
- Some people managed their own medicine and there were checks in place to help support them to do this safely.

Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The deputy manager and staff understood their responsibilities to keep people safe from abuse and had received appropriate training.
- Staff were aware of how to recognise and report any concerns they may have. They were confident that the management team would act properly and promptly.
- The registered manager had discussed any concerns they had with the local safeguarding authority. We reviewed records of safeguarding concerns raised and the registered manager had taken appropriate action.
- The notice board contained details for people about how to raise safeguarding concerns as well as newspaper cuttings about nationally reported poor care in other services.

Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded to them quickly. People we spoke with told us there were always enough staff. One person told us, "There are always enough staff here."
- Staff told us there were enough staff to meet people's needs. Staffing was more than people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Staff covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were not used.
- Staff were recruited safely following the provider's policy. Checks had been completed to make sure staff were of good character to work with people.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- Accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- We reviewed a record following a person suffering a fall offsite. Staff had worked with day centre staff and an alternative route was identified and put in place when the person entered and left the centre, additional seating had also been provided.
- Policies about dealing with incidents and accidents continued to be effective, records showed there was a very low rate of incidents and accidents.

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 Good. At this inspection this key question remained the same. 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

- People's needs, and choices were assessed before they moved to the service, this ensured care was effective and in line with guidance.
- People were involved in the assessment process and wrote care plans and risk assessments with staff members to create a fully holistic guide to enable staff to support them in the best way possible.
- Assessments considered any needs people might have to ensure that their rights under the Equality Act 2010 were fully respected, including needs relating to people's life choices, disability or religion.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to deliver effective care.
- Staff received a combination of online and face-to-face training, including first aid, fire safety and health and safety.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in epilepsy, mental health and behaviours that challenge.
- Staff told us they felt well supported and received regular supervision and an annual appraisal. Staff received the support they needed to enable them to develop into their role with the skills and confidence required to support people well.
- Staff we spoke with had good knowledge and understanding of their role and how to support people effectively.

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

- Staff supported people well with their physical and mental health needs.
- People had access to healthcare to maintain their health and well-being. People's support plans showed they had accessed services such as GP, neurologists, mental health services, dentists and occupational and physiotherapists.
- People's health needs were clearly documented within their care plans. Staff followed guidance from health care professionals to ensure people remained as healthy as possible.
- Appointments were clearly documented with any outcome or actions that needed to be completed. Staff sought medical advice when they noticed a change in people's needs and ensured annual health checks were completed. For example, where people lived with diabetes, staff ensured any associated conditions such as eye and foot care were monitored. Similarly, where people experienced epileptic seizures, specialist neurological and medicine reviews took place.

- There was information in place for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

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

- People were able to choose what they ate, and some people helped to prepare meals. Staff encouraged people to cook and eat healthy meals.
- One person enjoyed shopping and took charge of the weekly food shopping. Menus were planned weekly and people told us they had a wide variety of food which they enjoyed. One person preferred to buy their own shopping, which they did.
- People sometimes ate the same meal or they all ate different things, which staff supported them to do. Some people were able to cook for themselves with very little support.
- One person told us, "I enjoyed lunch, it was very good." Another person looked pleased to receive a favourite meal.

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 found they were. Staff supported people to make decisions about how they spent their time. People's care plans contained guidance about how to support people to make decisions including giving people enough time to think and reply.
- Mental capacity assessments had been completed around some people managing their own money and medicines. Some people's capacity to make decisions could fluctuate. Staff supported them to think through their decisions to help manage their expectations. For example, one person liked to smoke but was limited to the amount of tobacco they could afford to purchase if they wanted to also go on holiday. They told us staff supported them to manage their smoking, so they did not become distressed by running out of tobacco but also had enough money to go on holiday.
- Nobody had a DoLS authorisations in place, people were able to make their own decisions and staff respected their decisions.

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

- Re-decoration of the hallways and communal areas was due to take place, some people told us they had chosen the colours. Staff told us people could be involved in painting some of the internal areas of the home if they wanted to.
- The design and layout of the service met people's needs. People knew where their rooms were and where to find communal areas such as the kitchen, lounge and toilets.
- The garden was secure and accessible, with a covered seating area. People used the garden

independently and enjoyed the outside space.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- During our inspection there was a calm atmosphere, people spent time as they wished. Staff interactions with people were positive and encouraging.
- We observed one person become a little anxious looking forward to going on their activity. Staff supported the person in a calm, upbeat manner to manage their expectations and concept of time, reducing the person's anxiety. Another person became agitated in the mornings, so one member of staff supported them by giving consistent reassurance about the events of the day.
- One person told us, "Things are a conversation, you know, two-way communication. That's polite and respectful, it's how it should be and how it is."
- One person told us how staff had supported them through a bereavement by arranging for a ceremony, flowers and balloons at a local church. They told us, "That made it special and helped me a lot."

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

- People were supported to express their views and be involved in decisions relating to the service, and the care they received. For example, people had been asked who they preferred as their keyworker and the system had been set up on that basis.
- Staff told us about a person who became agitated about people walking past their window on the public pavement. After discussion, the person moved to a bedroom at the back of the house. This reduced their anxiety.
- A person told staff a picture on the wall in another room unsettled them. Staff listened and responded by replacing the picture with one that the person liked.
- Some people were supported to make decisions about their care and treatment by their loved ones, whereas other people could be supported by advocates if needed. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and their privacy was respected. For example, each person had a key to lock their bedroom door.
- Staff told us when they supported people with personal care, they always checked with the person what support they wanted to ensure the person's dignity was maintained.
- People were encouraged to be independent. For example, one person had been supported to go to church, which they enjoyed doing, but as their confidence increased staff involvement reduced. The church has the telephone number of the service, just in case the person needed support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive support which was based around their needs, choices and preferences. Each person had their own individual care plan which detailed the support they needed, and how staff should provide that support.
- Care plans were regularly reviewed, and any changes were updated immediately.
- Care plans were drawn up with people, taking into consideration information and advice from health professionals such as district nurses, occupational and physiotherapists.

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.

- Information in the service was available in a variety of formats to meet people's communication needs. For example, information was provided in easy read format and large print. Staff used these methods to explain things to people and find out what they thought of the support they received.
- Staff provided support to people who required it, for example staff supported people with letters they received if they did not understand the content and had supported people to vote in the local elections.

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 encouraged to participate in a range of activities. People chose activities mainly outside of the service in the local community. These included going to various day centres, trips to the shops, the local pub, bowling and watching football matches. People were supported to travel, some having been on holiday to Turkey, Amsterdam and New York. The service was planning to host a dignity and culture awareness day and BBQ to which the local community and people from other services were invited.
- Staff supported people to take part in activities of their choice, often on a one to one level. Staff shifts patterns considered people's activities and were changed when needed to accommodate them. This provided consistency of support for people, for example, if they wanted to go out for a full day.
- Family and friends who were important to people were clearly shown in their care plans as well as the roles they played in people's lives. This helped staff understand people's support networks and their relationships, which helped people to maintain family bonds and friendships. For example, one person enjoyed visiting their relative and going to watch football matches. Staff were aware how important this was to the person and facilitated them to do this.

Improving care quality in response to complaints or concerns

- The complaints procedure explained to people what to do if they wanted to make a complaint. It contained information about how a complaint would be dealt with by the registered manager and provider as well as signposting people where to take their complaint if people were not satisfied with the response. Such as the Local Government Ombudsman.
- The deputy manager told us they encouraged people to complain and express their views when they were unhappy or wanted something to change. Although this had happened infrequently, on the two occasions it had, action was taken immediately to address people's concerns.
- There was an easy read guide about complaints on display at the service. People knew how to complain and told us they would do so if they felt the need to.
- One person told us, "I have no complaints." Another person told us, "I am very happy, I have everything I need."
- Staff were familiar with the complaints process and told us how they would support some people if they needed to complain.

End of life care and support

- No one at the service was being supported with end of life care.
- Staff had discussed people's religious preferences with them and had had discussions with some people and their relatives to develop end of life plans.
- Some people had funeral arrangements in place.

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 good. At this inspection this key question has now deteriorated 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

- Audits were undertaken by the registered manager, key staff and the provider, but there was not a consistently robust approach to what was being audited. For example, environmental and infection control audits had not identified the concerns found during this inspection; in terms of a missing window restrictor and cleaning which was not always fully effective. This had resulted in potential risks to people's safety.
- Audits of the service had identified the need to redecorate the front exterior of the property and this was evident during our inspection. Although a maintenance plan was in place, with exterior decoration identified as required, there was no date when this would be completed by. Staff had understood the work would take place this summer, but it had not been started. Scheduling work without a planned completion date introduced a risk the work would not be completed in a timely way. These are areas identified as requiring improvement, we will review the impact of any changes put in place at our next inspection.
- The registered and deputy managers regularly worked alongside staff, this gave them the opportunity to observe staff working and ensure consistent working practices.
- Records for each person were relevant, they were regularly reviewed, up to date and accurate.
- Services are required to inform the Care Quality Commission of important events that happen within the service. The registered manager had submitted notifications in an appropriate and timely way in line with guidance. The rating of the last inspection was prominently displayed as required.

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

- The provider had requested feedback from people, relatives and healthcare professionals in the form of quality assurance questionnaires.
- Survey feedback reviewed from was positive; people were happy with the service and support they received. Relatives provided positive feedback. Their comments included, "Ever since my son moved to The Laurels, he has received the best care and attention possible," "Thank you for taking [person's name] to visit us," and "We appreciate you taking [person's name] to see their poorly mother."
- People were able to share feedback about the service, staff and improvements through regular group meetings, or on a one to one basis with the management team. People told us management were approachable and visible and that they would not hesitate to speak with them.

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

outcomes for people

- People and staff spoke of a positive culture, which led to positive outcomes for people. Staff had successfully supported people to integrate back into the community or move to more independent living settings.
- Staff were knowledgeable about the needs of people using the service. Staff and managers were passionate about providing people with an opportunity to become more independent and reintegrate where possible into the community.
- Staff and people had built up a good rapport with local businesses and day centres to the extent that they would ring the service to see if people were ok if they had not seen them in the community for a while.
- Staff were proud to work at the service and of the support people received. There was a provider scheme to recognise staff achievement, the registered manager had previously won an award for the most inspirational manager.

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

- The provider had a duty of candour policy, which outlined how they should respond when something went wrong.
- All staff we spoke with were knowledgeable about duty of candour and understood the need to be open and honest.

Continuous learning and improving care; Working in partnership with others

- The management team were involved with several positive practice networks, and used any information shared to improve care and treatment for people living at The Laurels.
- We received positive feedback from healthcare professionals who worked closely with the service.
- A recent provider audit planned to look at ways of introducing technology into the service to enhance people's care and independence.