Victorguard Care plc

Laurel Bank Care Home

Inspection report

Laurel Bank Care Home
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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place 10 and 20 November 2015 and was unannounced.

Laurel Bank is a purpose built home located in the village of Wilsden. Accommodation is provided over three floors in single en-suite rooms. One of the floors is dedicated to the care of people living with dementia. There are lounges and dining rooms on each floor. The home has two lifts which provide easy access to all floors. There is an enclosed garden which provides a safe place for people using the service to sit outside. The home is on a bus route and there is ample car parking.

The service had a registered manager in place. 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.

Medicines were safely managed and stored. People were supported to take their medicines at the correct time.

Summary of findings

People told us they felt safe using the service. Staff understood their responsibility with regard tosafeguarding adults.

Risk assessments were in place. There were enough staff working at the service to meet people's needs. Robust staff recruitment procedures were in place.

Staff were supported by the service to develop relevant skills and knowledge. Training was addressed during inspection to ensure the majority of staff were trained and competent.

People were able to make choices about their care and the service acted in accordance with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink sufficient amounts and were provided with a choice of food. People's health care needs were met and they had access to health care professionals.

People told us they were supported in a caring manner and that they were treated with respect. Staff had a good understanding of how to promote people's dignity, privacy, choice and independence.

We saw and people told us they lots of opportunity to take part in activities and that there was always something happening in the service.

People told us they were happy with the care and support provided. The service assessed people's needs and care plans were in place on how to meet people's needs. Staff were knowledgeable about people's individual needs.

The service had a complaints procedure in place and acted in accordance with the procedure.

People, relatives and staff told us they found the registered manager to be approachable and helpful.

Equipment was checked for servicing to ensure it was safe to use.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

Summary of findings

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.

Risk assessments were in place which included information about managing and reducing risks, including those associated with behaviours that challenged the service.

The service had safeguarding procedures in place which staff understood and were knowledgeable about.

Medicines were administered in a safe way. People received their medicines at the correct times by trained staff.

Good

Is the service effective?
The service was not always effective.

Staff were competent in their roles. People's needs were met by staff who had the knowledge and skills to support them. However, refresher training had not been planned when required.

People were able to consent to care. The home followed the principles of the Mental Capacity Act 2005 and DoLS.

People told us they liked the food. We saw people were supported to eat and drink sufficient amounts and that people a choice over what they ate. People's healthcare needs were supported.

Requires improvement

Is the service caring?
The service was caring.

People said staff supported them in a caring manner. We observed staff interacted with people in a kind and sensitive way.

Staff had a good understanding of how to promote people's dignity, choice, privacy and independence.

Good

Is the service responsive?
The service was responsive.

Care plans provided information about how to meet people's needs. Staff had a good understanding of how to support individuals.

People were aware of how to raise concerns and the service had a complaints procedure in place.

Good

Is the service well-led?
The service was well-led.

The service had a registered manager in place.

Good

Summary of findings

The service had a robust audit system to identify shortfalls and drive improvement within the service.

The provider asked people, relatives and staff for their views on the service. Views were recorded and improvements were logged onto an action plan.

Laurel Bank Care Home

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 was planned to check 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 10 and 20 November 2015. This inspection was unannounced. The last inspection took place on 19 December 2014 and they were found to be non-compliant with the safe administration of medicines.

The inspection team consisted of two inspectors.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people who used the service to ask them for their views on the service. In addition we spoke with three care workers, one senior care worker, one chef, the registered manager and the provider. We looked at five people's care records and other records which related to the management of the service such as training records and policies and procedures.

We received 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 reviewed all other information we held about the provider and contacted the local authority to ask for their views on the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at the service. A relative told us, "They are really very good here. I have no problems and I know [person's name] is very safe here." Another relative said, "She [person using the service] is very safe here."

We looked at how medicines were stored and administered. Only the senior care assistant on duty administered the medicines. We observed people who received their medicines in the morning. The senior care assistant wore a tabard indicating for them not to be disturbed while administering medicines. The nurse only supported one person at a time with their medicines. People were told by the senior care assistant what they were doing and were not rushed in taking their medicines. If people required a drink with their medicines then the senior care assistant would make sure they had one. The senior care assistant would wait until the medicines had been taken before returning to sign the Medication Administration Record (MAR). The senior care assistant would then wash their hands before supporting someone else with their medicines. One person was sleeping when their medicines were due. The senior care assistant marked their MAR to come back to at the end of that medication round.

We saw medicines were stored in a medication trolley which stored in a locked treatment room when not in use. In-between each administration the trolley was locked. The room where the cabinet was stored was monitored for temperature to ensure medicines would stay fresh for as long as possible. Staff told us and records confirmed that they received training before they were able to administer medicines. This included an assessment of their competence to administer medicines carried out by a senior care assistant at the service. Prior to each administration the senior care assistant checked date, time, name, dose and tablet description before each administration. People who required creams had a body chart indicating where they required the cream. We looked at the controlled drugs kept in the service. Controlled drugs were stored in line with guidance and appropriate records had been documented.

The service had a policy about safeguarding people from the risk of abuse. There was also a whistleblowing procedure in place which made it clear that staff were able to report issues of concern to outside agencies if they believed that was appropriate. Staff and management had a good understanding of safeguarding issues. Staff knew of the different types of abuse and were aware of their responsibility for reporting any allegations of abuse.

Systems were in place to protect people from the risk of financial abuse. The administrator told us that the service did not have responsibility for managing people's finances. This was either done by family members or the local authority after a court of protection order had been made. The service did however hold money on behalf of people. This was stored securely and records and receipts were kept of any monies spent on behalf of people.

We found that risk assessments were in place for people. These included information about how to manage and reduce risks. We saw risk assessments for moving and handling, falls, infection control, safeguarding, hydration and pressure ulcer care. We observed staff following risk assessments during the course of our inspection. For example, the risk assessment for one person said they were at risk of falls and we saw staff followed the actions in the assessment to reduce this risk and help ensure the person was safe.

Risk assessments were in place to support people who exhibited behaviours that challenged the service. Staff had a good understanding of how to support people and how they could de-escalate situations. They told us they spoke calmly to people, gave them space and time to calm down and sought to divert them for instance by offering a cup of tea or going for a walk around the service. We observed one staff member helped a person who became agitated. The staff talked with them in a gentle and reassuring manner and we saw the person soon became more settled.

During the day the service operated with the registered manager, two senior care staff, seven care staff, three cleaners, one laundry assistant, four kitchen staff, one maintenance person and one activity's coordinator. Staff told us they thought there was enough staff working at the service to meet people's needs although some staff noted that staffing was sometimes stretched when other staff were off with sickness. This was also recognised by a relative we spoke with. Staff also told us they had enough time to carry out all their duties when there was a full quota of staff working. We observed that staff appeared to be able to work in an unhurried manner during our visit and responded to the needs of people. We did hear the staff call

Good

Is the service safe?

buzzer rang for more than three minutes on two occasions during the day of inspection. The registered manager told us that if a staff member had to cancel a shift, alternative staff cover was arranged so that the service was not short staffed. They acknowledged that when staff rang in with short notice due to illness, attempts were made to cover the shift but this was sometimes difficult. The registered manager would also help when required.

The service had a robust staff recruitment and selection procedure in place. We looked at five care staff files. Staff told us and records confirmed that the service carried out checks on them before they began working at the service. These checks included references, proof of identification and criminal records checks through the Disclosure and Baring Service (DBS). This helped to ensure staff were suitable to work in a care setting.

Requires improvement

Is the service effective?

Our findings

People told us they were happy with the service. One person said, "It's very nice here and they help us with what we need."

When new staff started work at the service, they undertook an induction programme. This included shadowing experienced staff to learn how to support individual people. Staff were given four weeks to complete their induction programme. Staff told us that training courses were good and gave them the skills to perform their roles. Courses available to staff included moving and handling, safeguarding people, first aid awareness, dementia awareness, Deprivation of Liberty Safeguards (DoLS) and end of life care. However on the first day of inspection we saw low numbers of staff were up to date with some training courses. For example 35 out of 56 staff were not up to date with their DoLS and Mental Capacity Act 2005 (MCA) training. Four out of 56 staff had completed nutrition and hydration training and 61 out of 85 had completed moving and handling training. We spoke with the provider and registered manager about these shortfalls. During the course of the inspection we revisited the service on a second day. On the second day, the service had made large improvements in their training for staff and remaining numbers of staff were booked in to attend training on a date in the near future. This meant during the inspection the service managed to ensure that the large majority of staff were trained in the most recent techniques and mandatory training to support people.

Staff told us they received support from senior staff and received annual appraisals. However when we asked staff about supervision meetings, staff had varied answers as to how often these took place including one staff member saying they had not received a supervision. We looked at the supervision and appraisal records for five staff members. Three had received appropriate support with two staff members having irregular supervisions. We mentioned this to the registered manager who said they would review people's supervisions. We saw topics discussed during supervision included training needs and areas of personal development. For example, the record of one supervision record discussed how the staff member could improve their writing.

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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We asked the registered manager if anyone that used the service was subject to their liberty being deprived. Three people had a DoLS authorisation in place. We viewed the paperwork to find recognised deprivations had been identified. Other referrals had been made to the DoLS team but the service was waiting for their response. We find no one being unlawfully deprived of their liberties.

Staff had a good understanding of the Mental Capacity Act 2005 and DoLS. Staff explained that people who used the service were able to make choices about their day to day lives. They gave examples of how they supported people with limited communication to make choices such as showing them two pairs of shoes to choose from. We saw that mental capacity assessments and best interest meetings had been carried out appropriately.

People were very complimentary about the food. One relative said, "[Person's name] always tells me the food is nice." One person who used the service told us, "I always look forward to the food here" and another person told us, "The chef is very good, food is always hot and tasty" and, "They make lovely food for special occasions." We spoke with kitchen staff who told us they were experienced. We noted nutrition information sheets in the kitchen. The kitchen staff told us they actively sought people's feedback and ask if there was anything they would like to try. People told us and the kitchen staff confirmed if people did not want any of the food being served, alternative dishes could easily be made and an alternative menu was on the tables for people to choose from. We asked kitchen staff how they monitored people who had special diets. The staff member

Requires improvement

Is the service effective?

directed us to a list on the wall of people who required a specialised diet. The kitchen staff member was proud to tell us they served fresh vegetables every day and they had received positive feedback about this.

Care staff told us the service monitored people's weight by checking them monthly. If there were significant changes they contacted the person's GP. Where people were seen to be at risk of malnutrition, risk assessments were in place about this. One person was on a low sugar diet due to being diabetic. We saw the service had worked with the speech and language therapy team who had provided guidance on how to support a person to eat and drink in a safe manner. Staff were aware of the guidance and we saw that it was followed during the course of our visit. We saw where people needed support to eat this was done in a relaxed manner by staff, going at the pace that suited the person and remaining with them until they finished their meal.

The service met people's health care needs. Everybody was registered with a GP and people had access to other health care professionals as appropriate. This included opticians, physiotherapists and speech and language therapists. Records included details of what appointments were for and any follow up action necessary. One care staff told us that they had noticed that one person didn't appear to be themselves. Staff had noticed they were sat in their wheelchair slightly differently and quieter than usual. The care staff had reported this to the senior staff on shift and suggested to get a doctor. The care staff then returned to the person and crouched down to their eye level, talking gently and stroking the resident's cheek. The staff member later told us the doctor had been called. This showed us staff were aware of early warning signs of people requiring health professional guidance. People who used the service told us their health care needs were met and they could see health professional if required.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. One person said, “Staff are always very good and happy.” Another person told us, “It’s the carers that make it so nice.” A relative told us, “I feel my relative is well looked after and the carers are nice.”

Staff supported people to be independent. For example, a member of care staff explained how they supported one person with their personal care, telling us they were able to wash their hands and face themselves so the staff member did not do this for them.

Staff told us how they supported people to consent to their care and respected their privacy. For example one staff member told us they knocked and waited for an answer before entering bedrooms then made sure all doors and curtains were closed whilst they provided support with personal care. We observed that staff did knock on doors before entering bedrooms during our visit. Staff said they talked to the person as they went along, explaining what they were going to do next and asking for the person’s consent. Bathroom and toilet doors had locks fitted which included a key for staff to access in an emergency. This promoted people’s privacy and safety as they were able to lock the door safe in the knowledge that staff could gain access in an emergency situation.

We looked at people’s bedrooms with their consent. We found these had been personalised to reflect people’s personal tastes. For example, with family photographs and their own possessions. All rooms were bright, airy, clean and personalised by the person who occupied the room.

The registered manager told us people were encouraged to maintain their skills and abilities. For example walking instead of using a wheelchair or getting dressed as much as they could themselves. This helped people to retain their independence. People were encouraged to talk about their past lives and events. People and staff used a computer to find out about places and people from their past. The registered manager showed us their plan to gain more items from the time when their residents were growing up, to inspire memories. The registered manager had sourced an old military uniform that they were trying to get a manikin so they could display it. Staff told us this encouraged people to talk about their past and built up relationships.

We saw staff interacted with people in a kind and caring manner and people were relaxed and at ease with staff. Staff understood the people they cared for. They told us this was because they had tried to get to know people as individuals and what was important to them. Staff supported people to communicate through the use of objects of reference. For example, one person had hearing difficulties so staff showed them items, mimicked the movement or spoke loud and clear into their ear.

People and their families told us they had been involved in the planning of their care. For example one person we spoke with told us they had been present in a meeting to discuss their how they would like to receive their support. One person’s relative told us they felt included in their family members care. We saw care records had been signed by the person or the family member. This showed us people and their relatives had been involved in the planning of their care.

Good

Is the service responsive?

Our findings

The service had a complaints policy in place. People and their relatives told us they knew how to raise any concerns they had. One relative said, "I have no concerns about (relative's) care. I feel confident that something would be done if I complained." One person who used the service told us, "I know I can tell staff if I have a problem but I'm fine." We saw the service had received five complaints during 2015. We found all complaints had been dealt with in line with the provider's policy. We saw documented evidence that each complaint promoted an investigation and feedback was given to the complainant when required. Complaints were analysed for areas of improvement and the registered manager told us lessons had been learnt.

When someone new was identified to live in the service, an initial referral was received and a senior member of the staff team met with the person to carry out an assessment of their needs. This was to determine if the service was able to meet those needs. The assessment included speaking with relatives where appropriate and sourcing information from other agencies who had been involved in the person's care. This was to get a full picture of the person and their needs. During a review of the person's care after they had moved into the service, a placement review discussion was held to determine if the service was suitable for the person's needs.

Care plans were developed by staff with the involvement of the person and their relatives where appropriate. Staff were expected to read people's care plans before they supported them and they demonstrated a good understanding of their contents. Care plans were reviewed regularly so that the service was able to respond to people's needs as they changed over time. Care plans covered communication, physical and emotional wellbeing, pressure care, oral health, foot health and sleeping. Descriptions of support needs were written in a person centred way with individualised examples specific to each person. We asked staff and observed how they supported people and they were able to explain to us information from people's care plans. This showed us that staff had a good understanding of people's needs and how to meet them in a personalised manner.

People were supported to take part in various activities. For example, the care plan for one person set out the things they enjoyed doing which included reading newspapers and reminiscing with staff about their past life. We saw staff facilitated both of these things during our visit. We also saw some group activities included exercises and games with a ball. Although the service had an activities coordinator, staff would also support people with various activities. For example we observed a care staff member get out skittles and they asked people if they wanted to have a go. We witnessed lots of fun, laughter and involvement. Another member of staff then put some music on and asked a person if they would like to dance, encouragement was made to other people to clap their hands, sing and join in. Also on the day of inspection we saw a bird specialist brought various birds of prey in to speak with people and answer any questions. Other activities included party nights and events. People we spoke with were in agreement that there was plenty to get involved in if they wanted to.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. People said they found the registered manager was helpful and listened to them. A relative told us, "The manager and staff are very approachable." One person who used the service said, "The manager walks round and says hello to people, she's always very nice." Staff were aware of lines of accountability within the service. We observed that staff were relaxed speaking with the registered manager and were able to raise issues with her throughout the course of the inspection.

Staff told us they found the registered manager to be supportive and that they had encouraged a positive working atmosphere in the home. One staff member said, "Good manager support." Another staff member said of the staff team, "The team gets on well together and we can have a laugh with people." Staff told us the service had an on-call system which meant they were able to access support and advice from management at times when there were no managers working at the service.

The service had various quality assurance and monitoring systems in place. We looked at the audits completed by the service. Audits covered areas such as medicines, care plans, pressure sores, and falls. The provider told us that the care plans were audited at least once a year with 10 people's plans being checked every two months. We looked at some of the plans that had been audited and found action plans in place to improve and update plans of care. Care plan audits used paperwork that illustrated over 53 areas to be checked and any comments made on each area. Further spot checks were completed by the provider on a random basis. Further service and environmental checks had been completed on a regular basis. For example we saw checks had been conducted on servicing for the sprinkler system, emergency lighting, nurse call, gas boiler safety certificate and servicing, lifts, scales, legionella, hoist and slings and washer and dryer.

An annual survey was carried out to seek the views of people that used the service, their relatives and staff. The most recent survey carried out had been compiled and indicated overall positive feedback. People told us they felt free to announce their views to staff. On the entrance wall was a poster that the service had put up. The poster indicated ideas and areas people who used the service thought could be improved and how the service reacted to those ideas and areas. This showed us the service actively listened to people and took their ideas on board to improve and drive quality forward.

We saw that accidents and incidents were recorded and these were analysed and reviewed to see if there were any patterns could be identified to help reduce the risk of similar accidents recurring.

The service had regular staff meetings with monthly managers' meetings. Staff said they found these to be helpful and gave them the opportunity to discuss individual people and share ideas for good practice. Managers' meetings focussed on driving improvements and dealing with any issues that needed to be addressed. Records showed these meetings also included discussions about issues of relevance to the service such as, the new Care Quality Commission inspection process and reports from the local authority monitoring and contract team.