

Larchwood Care Homes (North) Limited

Laureate Court

Inspection report

Wellgate
Rotherham
South Yorkshire
S60 2NX

Tel: 01709838278

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 4 December 2018 and was unannounced which meant the people living at Laureate Court and the staff working there didn't know we were visiting.

The service was previously inspected in July 2017, the service was given an overall rating of good.

Laureate Court 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 provides accommodation for up to 74 older people in one adapted building, including people living with dementia. It is situated on the outskirts of Rotherham. It is close to the local hospital and bus routes. At the time of our visit there were 63 people using the service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Since our last inspection the provider had made changes in the management team, there was a new registered manager, a clinical lead and new nursing staff.

We found the systems in place to monitor the service. However, the management team carrying out the audits were new and although they had identified some areas of concern, we found some issues had not been identified in a timely way. The systems required further embedding into practice and improvements sustained by the new management team.

There were systems in place to manage medication administration and predominantly these were followed. However, we found staff had not always followed the procedures and it had not been identified through the audit system.

Risks associated with people's care were identified. However, the documented management of the risks did not always give sufficient detail to ensure people's safety.

There was a dependency tool in place to determine the care hours required to meet people's needs. However, we found from observation, talking with staff and relatives that on two units there were insufficient staff available to support people who used the service in a timely manner.

The environment of the service in two units had been improved and was to a good standard. However, we found areas of the service that was not well maintained and not kept clean. People were not always

protected against the risk of infections.

People were safeguarded from the risk of abuse. Staff confirmed they received training in this subject and could explain what actions they would take if they suspected abuse.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received the training and support required for them to carry out their roles effectively. People received support from healthcare professionals when required and their advice was followed.

People were supported to maintain a healthy and balanced diet which included their choices and preferences.

We observed staff were kind, caring and considerate. Staff respected people's privacy and dignity and involved them in their care and support.

The service was responsive to people's needs and staff were very knowledgeable about how to support people in line with their preferences. However, care records did not always contain current information required to assist staff in how to support people. People were involved in social activities and enjoyed a range of social events.

The provider had a complaints procedure which was available if people wanted to raise concerns. Complaints were dealt with appropriately and used to improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Medicine management systems were in place. However, these were not always followed by staff.

Risks associated with people's care were identified however, they lacked detail in the management of the risks.

There were insufficient staff available to support people who used the service in a timely way.

Areas of the home were not well maintained or kept clean.

Is the service effective?

Requires Improvement ●

The service was not always effective.

We found people were offered a well-balanced diet. However, the meal time experience for people varied depending on which unit they lived.

We found the service was meeting the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Staff received training and supervision to fulfil their roles and responsibilities.

Staff monitored people's healthcare needs, and referrals to healthcare professionals were made where appropriate.

Is the service caring?

Good ●

The service was caring.

People received care and support from a staff team who were kind and compassionate in their approach.

We observed staff interacting with people and found they maintained people's privacy and dignity.

Is the service responsive?

The service was not always responsive.

Although people were involved in social activities and enjoyed a range of social events. We found these were not available to everyone and at times there was lack of social stimulation.

People's care needs were identified and the service was responsive to their needs.

Requires Improvement ●

Is the service well-led?

The service was not always well led.

The registered provider had systems in place to monitor the service. However, these processes were not always effective and required further embedding in to practice.

People who used the service had opportunities to voice their opinion of the service and offer constructive feedback. This was used to develop the service.

Requires Improvement ●

Laureate Court

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 4 December 2018 and was unannounced. The inspection was carried out by two adult social care inspectors 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 service. There was also a fourth member of the team who was observing the inspection process as part of their induction with CQC.

Before our inspection we gathered and reviewed information about the provider from notifications sent to the Care Quality Commission. We also spoke with the local authority and other professionals supporting people at the home, to gain further information about the service.

We also looked at the 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with eight people who used the service and six relatives. We spent time observing staff supporting people and also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the operations manager, the registered manager, the new clinical lead, two nurses, senior care workers, five care workers, the activities coordinator, the cook and a domestic.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at six people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

At our last inspection of July 2017, this key question was rated as requires improvement. At this inspection we found the key question had deteriorated and although still requires improvement we found breaches of regulation.

We found medication systems and processes were in place. Medication was documented on receipt and proper disposal procedures were followed. However, we found medication was not always documented on administration correctly. Protocols lacked detail for people who were prescribed medication to be taken as and when required so there was no guidance for staff and some people did not have a protocol in place. We also identified that prescribed creams were documented on a separate topical medication administration record (TMAR) but we identified these were not being completed so it was not possible to determine if people had their creams applied as prescribed.

Risks associated with people's care and support were identified and action was taken to ensure people were as safe as they could be. Care records included risk assessments for areas such as falls, malnutrition, choking and the use of bed rails. However, we identified some risks did not have safe management systems in place. For example, we identified people who were at risk of falls were moved using a hoist for their safety. The moving and handling risk assessment was in place but did not detail the size or type of sling to be used or the loop configuration. This put people at risk of incorrect procedures being used which could cause harm or injury.

The service had undergone some major renovations since our last inspection and two of the units had been reconfigured and refurbished. We saw these were to a good standard. However, we found the third unit and some store rooms on all three units were not well maintained or kept clean so did not ensure effective infection, prevention and control. For example, the cleaning/domestic rooms and sluice rooms were in an extremely poor state of repair and were not able to be effectively cleaned. A bathroom and a shower room were badly damaged and as a result dirt was engrained in the wood, tiles, floor coverings and shower and bath chairs. We discussed this with the regional manager who upon inspection of the bathroom immediately put it out of action. They also confirmed the works would commence in January to complete the refurbishment of the home.

This is a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. Risks associated with people's care and management of medicines were not always managed safely and ineffective infection, prevention and control.

From our observations and talking with staff, visitors and people who used the service it was not clear if there were adequate staff on duty, effectively deployed to meet people's needs safely. The registered and regional manager told us there was a dependency tool used and the staffing was maintained above the required amounts determined by the tool, However, people told us the staff worked very hard but at certain times of the day they were very busy and as such they had to wait for support as staff were not available. During our observations we found on two of the three units staff were rushed and there were many times

people were left unsupported in communal areas. Staff told us they were extremely busy. One staff member said, "We try our hardest but the staff numbers have been reduced and people have to wait for assistance. It is frustrating but you can only do so much." Another staff member said, "We cannot manage with the staff on duty, people just have to wait, which is not acceptable."

On one unit the staff told us they had raised the concerns with management, who had agreed the staffing was not enough to meet people's needs in a timely way. They had agreed to increase the care staff numbers, however, until the staff were recruited, we saw from the rota that on many days the staffing had not been increased as there were not enough staff to be able to increase the numbers. Staff told us when they had the additional staff member it was much better they were able to meet people's needs.

On the second unit where staff told us they were struggling they said, "We had a decrease in the number of people who live on the unit, so staffing was reduced, but we have had some new people and, we feel the staffing has not been reviewed since." They also said, "We cannot manage with the staff we have."

Visitors we spoke with also raised concerns regarding staffing levels. One visitor said, "Sometimes there is no one (no member of staff) in the lounge but you know they are busy looking after someone else, they are always busy working."

This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staffing. There were insufficient staff on duty to meet people's needs.

People were safeguarded from the risk of abuse. Safeguarding training was completed as part of the induction package. Concerns were reported when required and appropriate actions had been taken. Staff we spoke with knew what action to take if they suspected abuse. One staff member said, "I would recognise if someone was being abused. I would report it straight away."

Everyone we spoke with said that they felt they were safe at the home. One person we spoke with said, "The staff are lovely, they make me feel safe." A visitor told us, "I think [relative] is safe here, I would be able to tell if anything was wrong."

We saw personal emergency evacuation plans (PEEP's) were in place to ensure people could evacuate the premises safely in the event of an emergency. These contained good detail to guide staff and other personnel and clearly stated if the person was unable to self-evacuate and what support they would need.

Where accidents and incidents had occurred, we saw the provider had taken appropriate steps to ensure any trends and patterns were identified and actioned. Following an accident or incident an accident form was completed and stated what immediate actions had been taken.

Is the service effective?

Our findings

At our last inspection of July 2017, this key question was rated as good. At this inspection we found it had deteriorated and was rated requires improvement.

We found some areas of the environment had been considerably improved since our last inspection. However, there were areas in particular on Keats unit where no improvements had been made and the environment was in an extremely poor state of repair. The regional manager confirmed following our inspection that the works would be prioritised and commenced in early 2019.

People were offered a healthy and balanced diet which met their choices and preferences. Everyone we spoke with told us the food was very good and they enjoyed it one person said, "Yes its [the food] very nice there's always a choice I enjoy it."

We observed lunch being served on all three units and the experience for people was predominantly good. For example, observations on Byron unit showed staff offered choices by showing people two different plated up meals and asking them to choose. Staff assisted people who required support with eating their meal. Staff sat beside people and held a conversation with them whilst ensuring people were happy with their meal and were enjoying it.

The lunch observed on Keats unit, was not always a good experience for people. Seventeen people were seated in the dining room at 12 o'clock, we saw a choice of drinks were offered but food was not served for a further thirty minutes and for some people forty minutes. To begin with there was only one member of staff in the dining room serving people who were seated. Other care staff were taking meals to people who were eating in their bedrooms and required assistance. People on Keats unit were living with dementia and may not understand why they were waiting and could lead to people getting up from tables and not receiving adequate nutrition. The meal time experience for some people on Keats was not good. Staff told us they struggled at meal times as they felt there were not enough staff to meet people's needs in a timely way.

The staff worked hard and everyone who required assistance to eat was supported and everyone ate well. The staff were also very vigilant and we saw one care worker noticed one person ate very little, they asked the person if they could eat more and offered them alternatives. The care worker was concerned that the person had not eaten breakfast. We observed the care worker spend time encouraging the person to eat.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. MCA provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found the home was meeting the requirements of the Act, this included having copies of legal documents that evidenced that named people could act on people's behalf. Care records had been improved since the last inspection, so they better reflected each person's capacity to make decisions. People told us staff involved them in decisions and gained their

consent before providing care or support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards [DoLS]. We saw DoLS applications had been submitted to the local authority as necessary.

Staff received appropriate training to ensure they had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received training via eLearning. Some subjects were delivered face to face such as moving and handling and first aid training.

Staff received support from the senior team and received one to one sessions with their line manager on an average of three per year. This included an annual appraisal of the persons performance and highlighted any training needs. We spoke with the registered manager who informed us that sometimes staff received more one to one sessions if required.

We looked at care records belonging to people and found evidence that people received support from healthcare professionals as required. Advice from healthcare professionals had been documented in care records and staff we spoke with could explain the continued care people required.

Is the service caring?

Our findings

We observed staff were kind and caring it was obvious from staff interactions that they knew people including their likes, dislikes and preferences. We also observed staff were respectful and offered people choices wherever possible. However, we observed that at times staff were rushed and did not have time for interaction. For example, on Keats unit we observed one person particularly wanted to chat to a member of staff, the staff member was unable to take the time to do this as they were busy with another person and no other staff were in the room.

We observed care staff explained to people what they were doing before providing any support and asked for consent. People spoke highly of the staff, one person said, "The care staff are friendly and kind they can't do enough." Relatives we spoke with also praised the staff, one relative said, "From what I see of this place the staff are spot on, its lovely here." Another relative said, "The care staff are friendly and kind, they listen if you ask anything and take it on board, I wish they weren't so rushed though."

Relatives all commented that staff were rushed. One relative told us, "They [staff] are so busy doing jobs that have to be done there is no time for anything else, then when they sit down they are doing paperwork." We observed three staff sat in the lounge completing paperwork at the same time. We discussed this with the registered manager, who was very disappointed as they told us they had addressed this with staff on numerous occasions. They told us, "The staff should complete this in the office one at a time."

We observed staff interacting with people living on the Byron unit. Staff supported people in a calm and caring way which supported their needs. For example, one person was constantly walking around the lounge area with a care worker who was trying to engage the person in different things such as looking at flowers and singing Christmas songs. Another person found comfort from a staff member sitting and chatting to them. Another person became anxious and worried as another person was shouting out and they thought the person was hurting. Staff provided appropriate reassurance to both people.

People's care records included a life history which gave staff information about the person's history. This included where people had worked, where they lived and what was important to them.

Staff we spoke with explained how they ensured people's privacy and dignity were maintained. They told us they closed doors and curtains and explained what they were doing.

In the activities book we saw that a religious service took place each month to meet peoples religious and cultural needs. We saw from records people were given the choice to attend.

Is the service responsive?

Our findings

During our inspection there was a lack of social stimulation taking place. We found not all people who were cared for in their rooms received one to one sessions that ensured they were not isolated, which could have an impact on people's wellbeing. There were activity coordinators and people told us they were good. However, on the day of our inspection only one was on duty and they spent the day either taking people to and from the hairdresser and assisting care workers with care and support. One staff member said, "If it was not for the activity person we would certainly not get everything done, they help with people when we are busy."

Lost Cord [an external group who sang with people] visited the home in the afternoon organised by the activities coordinators. Everyone we spoke to told me there were plenty of external entertainers who visited the home. A visiting family told us "There is a lady who organises activities and she's very good. She takes them out they go for a meal at the Pub, she works very hard but sometimes she needs more help."

We saw lists of activities that had been held including outings and entertainment, also people had been asked what they would like to do, their replies were noted and where possible acted upon.

We spoke with the activities coordinator, they were very enthusiastic about their role and clearly enjoyed their work. However, they and care staff we spoke with felt that with a little more support they could do much more. Also staff we spoke with explained that it had a detrimental effect on the people when the activity coordinators had to help care staff when they were very busy. We observed this happen on many occasions during our inspection. For example, one person was walking into the dining room upset, there were no care staff about, the activity coordinator assisted this person as they were upset as they had spilt a drink and were wet. The activity coordinator took the person to their room and assisted them to change their clothes.

The staff told us that activities were provided most days and were enjoyed by people. However, these were in groups and did not engage everyone who would like some social stimulation. They explained there was not enough time or resources to ensure everyone received appropriate social stimulation that met their needs.

People's care needs were identified and the service was responsive to their needs. Staff we spoke with knew people well and could describe how people required supporting. Care plans we looked at on the Byron unit were organised and clearly written. For example, one person's mobility care plan stated that they mobilised independently but had poor spatial awareness. Staff were to ensure that pathways were clear and free from obstruction. We observed staff ensured they supported the person in line with their care plan. People and their relatives were involved in care planning if they wished. One relative told us, "Yes I know about the care plan, we did my [relatives] last week that's how I found out about the weight loss."

We found however, that not all care records we looked at contained current information required to assist staff in how to support people. The regional manager has confirmed since our inspection that this has been

rectified.

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss. There was a call bell system in the home that was accessible. People were supported to use this. People who had hearing difficulties were referred to an audiologist and staff were aware who required hearing aids and the need to ensure they were working properly and worn.

The provider had a complaints procedure which was displayed around the home and in the main entrance area. However, we could not easily locate this. There was also a suggestion box in reception for people to provide feedback and raise concerns. The registered manager showed us a record of complaints that had been received. This showed that appropriate actions had been taken following receipt of a complaint. The registered manager informed us of one outstanding concern. Everyone we spoke with said they would be comfortable raising concerns. One visitor said, "I wouldn't hesitate to complain if there was a problem I would tell the staff and they see to problems straight away."

People and their relatives that we spoke with told us they felt listened to and felt confident raising issues.

Staff we spoke with did not feel listened to, they told us they had raised numerous issues with the registered manager and they had not addressed the issues or given an explanation why they had not been addressed. The staff were extremely frustrated and felt that they could not approach the manager, they said "As it was a waste of time."

Is the service well-led?

Our findings

At our last inspection of July 2017, this key question was rated as good. At this inspection we found the key question had deteriorated and was rated requires improvement.

At the time of our inspection there was 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.

The management team consisted of the registered manager, a clinical lead, nurses and senior care workers. The home also had team leaders for each unit. Some staff we spoke with were not always confident the registered manager would follow up concerns or feedback they gave on the service. Staff told us they had raised issues before with the registered manager but felt they had not been listened to as they were not acted on. Staff told us, "I do not feel confident going to the manager as they are not supportive." However, members of the management team felt the registered manager was supportive and felt valued.

Audits were in place to ensure the service was operating to the providers expected standards. However, audits were not always effective and did not always identify the concerns we had raised as part of this inspection. For example, the infection prevention and control audit was last completed by the registered manager in November 2018. This audit achieved a score of 95 percent which reflected that the environment was clean. The registered manager told us that they select an area of the home to complete the audit and did not know which area this audit reflected. We found the audits did not reflect the areas where improvements were required to be made. This showed the audit was not effective.

We looked at the medication audit completed for each unit in November 2018 and found the only action was for staff to receive training. During our inspection we found concerns regarding the documentation of medicines, topical medicine records and protocols for people who required. These issues had not been picked up as part of this inspection.

This is a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) regulations 2014. Systems in place to monitor the service were not always effective.

The service had a home improvement plan and some work had taken place to improve the environment for people. A restructure of the units had taken place since our last inspection. However, there were some areas of the home, mainly on the Keats unit which required attention. We were assured that the provider would be refurbishing the bathroom on Keats unit by January 2018 and the shower room on Keats by March 2018.

The provider had systems in place to involve people who used the service and their relatives. We also saw that relatives were sent a questionnaire every six months. Following receipt and analysis of these a relatives meeting was held to discuss the results. Results were also displayed in the main entrance area of the home in the format of 'you said, we did.'

Accidents and incidents were recorded and actions taken to address any trends and patterns. All information relating to individual incidents were kept and analysed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks associated with people's care and management of medicines were not always managed safely. Ineffective infection, prevention and control was apparent.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider failed to ensure the processes and systems of governance were operated effectively and embedded into practice.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	The provider failed to ensure there were sufficient numbers of staff suitably deployed to meet people's needs.