

Laurel Lodge Care Home

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Inspection report

19 Ipswich Road,
Norwich,
NR2 2LN
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Website: NA

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Good



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Requires Improvement



Is the service well-led?

Requires Improvement



Overall summary

Laurel Lodge is registered to provide accommodation and personal care for up to 27 older people. There were 26 people living at the home at the time of our inspection.

This unannounced inspection took place on 11 June 2015. At our previous inspection on 2 and 3 July 2014 we found the provider was not meeting all the regulations that we looked at. We found concerns in relation to supporting staff, care and welfare of people, quality assurance, consent to care and treatment, safety and suitability of premises, safety and suitability of equipment, assessing and monitoring the quality of the

service, notification of incidents and records. The provider informed us of the actions they would take to meet the regulations. During this inspection we found that improvements had been made.

At the time of this inspection the home had a registered manager. 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 and associated Regulations about how the service is run.

Summary of findings

People's needs were not always clearly recorded in their plans of care so that staff did not have all of the information they needed to provide care in a consistent way.

People were only offered a variety of hobbies and interests to take part in twice a week and these included were very limited.

Effective quality assurance systems were not in place to monitor the service and ensure that people receive a good quality service. People's views were sought although these were not reported on.

Staff treated people in a way that they liked and there were sufficient numbers of staff to safely meet people's needs. People received care which had maintained their health and well-being. Relatives were very happy with the care provided

Medicines were stored correctly and records showed that people had received their medication as prescribed. Staff had received appropriate training for their role in medicine management.

Staff supported each person according to their needs. This included people at risk of malnutrition or dehydration who were being supported to receive sufficient quantities to eat and drink.

Staff respected people's privacy and dignity.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe

Risk assessments provided all the required information to ensure that people were protected from harm.

A sufficient number of staff were available to ensure that people were safe.

Medicines were effectively managed and records well kept.

Good



Is the service effective?

The service was not always effective.

Staff were unable to demonstrate a clear knowledge of the Mental Capacity Act (2005) when supporting people who lacked capacity to make decisions for themselves

People received the support with their health care needs that they required.

People's health and nutritional needs were effectively met. They were provided with a balanced diet and staff were aware of their dietary needs.

Requires Improvement



Is the service caring?

The service was caring.

Staff respected people's privacy and dignity.

Staff were knowledgeable about people's needs and preferences.

Staff supported people in a caring and respectful way.

Good



Is the service responsive?

The service was not always responsive

Although there were activities on offer for people these were limited.

The provider did not have an effective complaints system that recorded, monitored and ensure that they were investigated appropriately.

Peoples care records were not always detailed to ensure people received consistent care.

Requires Improvement



Is the service well-led?

The service was not always well led

The provider did not have an effective quality and monitoring system in place to ensure that people receive good quality care.

People were encouraged to make suggestions for improvements and action had been taken to make the improvements.

Requires Improvement



Summary of findings

Staff were supported to work as a team and were able to raise concerns to management.	
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Laurel Lodge 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 was 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.

The inspection took place on 11 June 2015 and was unannounced. It was undertaken by two inspectors.

Before our inspection we looked at all the information we held about the home. This included information from notifications. Notifications are events that the provider is required by law to inform us of. We also made contact with local authority contract monitoring officer.

We observed how the staff interacted with people and how they were supported during their lunch. We spoke with 12 people who used the service and two visiting family members. We also spoke with the registered manager, care manager, assistant manager, eight care staff, cook and housekeeping staff.

We also looked at four people's care records, staff training and recruitment records, and records relating to the management of the service including audits and policies.

Is the service safe?

Our findings

We carried out an unannounced inspection of this service on 2 and 3 July 2014. At that inspection we identified a breach of regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because of concerns in relation to the maintenance of some of the wheelchairs used by people in the home. The provider sent us an action plan informing us that they would make the required improvements by 30 September 2014

During this inspection we found that the necessary improvements had been made. Wheelchairs in use were clean and footplates were fitted as appropriate. A new bath hoist had been purchased to replace the old and rusty one in the upstairs bathroom. This ensured that people were not at risk of harm from unsafe equipment.

People told us that they felt safe because they liked the staff and said that they were treated well. One person said: "Oh yes, I feel very safe". Another person said: "I feel absolutely safe here". Relatives we spoke with had no concerns about the safety of their family members, a comment included: "My [family member] is well cared for and this means I can go away and know they are safe".

Medicines were stored safely. Temperatures of storage areas were seen to be within the required range to keep medicines effective. The medicine administration records were accurate. There was a system in place for the management of medicines and spot checks were undertaken by a member of the management team which showed that the amount in stock was recorded correctly.

Staff told us they had received training in medicines. Records showed that staff had had their competency checked to ensure they were safely able to administer medicines. A person said: "I am asked if I would like any pain relief". Another person said: "I get all the medicines the doctor prescribes". We saw that special instructions were available for specific medicines about how they were to be administered, and this had been agreed with the GP.

Prior to this inspection were informed by Norfolk County Council that following their visit in January 2015 they had

identified concerns with some of the infection control procedures and processes. During our inspection we found that there were satisfactory procedures in place. Liquid soap and paper towels were available throughout the home and there was information about good hand hygiene on display near hand wash sinks. Broken pedal bins had been replaced and a separate waste stream has been introduced for incontinence products. However, a bag of soiled laundry was in the corridor which posed a hazard to people walking past.

Two staff told us about their recruitment. They stated that various checks had been carried out prior to them commencing their employment. Staff recruitment records showed that all required checks were in place prior to staff being recruited. This ensured that only staff suitable to work with people were employed.

Records we looked at showed that staff had received training in order to keep people safe from harm. The staff we spoke with told us they understood how to report any concerns and were aware of the systems in place to protect people and how to apply them.

The atmosphere of the home was calm although staff were busy and people were looked after by members of staff in an unhurried way. One person told us that when they called for staff help, "They come". Another person said: "Sometimes I have to wait for the call bell to be answered but usually only five to six minutes". A staff member said, "There is enough staff here most of the time. Staff absence is usually covered by us or by our regular bank staff". Another said, "We can always ask for more staff if we are busy and the care manager and assistant manager will help out if needed". Overall staff felt that there were usually enough staff to provide care to people. We noted that there were sufficient staff on duty to meet the care and support needs of the people during our inspection. Call bells were answered in a timely way.

Risks to people's safety had been assessed and actions to minimise these risks had been recorded. These covered areas such as falls, moving and handling and pressure care risks.

Is the service effective?

Our findings

During our inspection on 2 and 3 July 2014 we found that the provider had not ensured that people were protected against the risks associated with unsafe or unsuitable premises because of the poor condition of the main staircase and unsecured staircases in an upstairs corridor. This meant that the provider was in breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us that they would make the necessary improvements by.

During this inspection we found that the necessary improvements had been made and the carpet no longer created a trip hazard and risk assessments had been put in place for the unsecured staircase as this is a fire escape.

During our inspection on 2 and 3 July 2014 we found that people could not be assured that they were supported by staff who had received supervisions and appraisal. This meant that the provider was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us that they would make the required improvements by 31 October 2014.

During this inspection we found that improvements had been made and that staff were now receiving supervision and appraisals were in place. We spoke to members of staff about their training and support. Staff told us that they were well trained and received supervision and support on a regular basis through regular handovers and meetings. The majority of the training was completed through DVD's although the registered manager told us that they were meeting with an external trainer the following week to look at additional methods of training. Staff told us that the care manager was approachable and that they had the opportunity to talk about their training needs whenever they wanted. This meant that people were being supported by staff who had the skills and knowledge to meet their assessed needs, preferences and choices with the exception of MCA and DoLS.

Records showed that staff received support, supervision, appraisal and training. All staff had recently received supervision with the care manager. Records showed that staff had received training in a number of subjects which

supported them to meet people's specific care needs. These included: moving and handling, safeguarding adults, fire safety, food hygiene, infection control and supporting people with dementia.

During our inspection on 2 and 3 July 2014 we found that the provider did not have suitable arrangements in place to ensure that people's consent was obtained in relation to the care provided. This was because relatives or people who used the service were not able to sign their care records. This meant that the provider was in breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us that they would make the necessary improvements by 31 October 2014.

During this inspection whilst we found that the necessary improvements had been made and people and or their relatives had signed the care records we identified further concerns in relation to this regulation.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) sets out what must be done to make sure that the human rights of people who may lack capacity to make decisions are protected. We discussed the MCA and DoLS with the manager and five staff. The staff told us that they had received training in respect of DoLS. However when we spoke with them it was evident that they had a lack of knowledge about how people's liberty could be deprived and what action they should take if it was. When we asked what they would do if a person was asking to leave and go home staff said they would bring them back and talk to them. Staff told us that it would not be safe to leave the home on their own. However, no thought had been given to if this was a deprivation of their liberty or whether people had capacity to make this decision for themselves.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We spoke with people who lived at the home and their relatives about the competence and ability of the staff employed there. Comments included: "The staff are kind and know what they are doing" and "The staff know people well and know what they need".

Areas of the home were not maintained effectively. The walls and doorways had not been repaired and the paint work was looking worn and tired. Wall paper in areas of the home was peeling away. A number of carpets required

Is the service effective?

replacement as they were stained and difficult to clean effectively. We were told by the care manager that there were plans in place to improve the environment. Although no plans were available detailing what had been identified and when it will be done.

We observed people having their lunch and saw that they were supported by staff when needed. People were encouraged to eat at their own pace, and the mealtime was calm and relaxed. Staff were patient and considerate when providing support. They encouraged people to eat independently and ensured that people had sufficient food and drink. We saw that people had a choice of meals. The food was hot and well-presented and people seemed to enjoy the meals they were eating. Comments included: "The meals are very good, ordinary but very nice. You can have an alternative if you do not like what is on the menu". We saw that people were kept hydrated throughout the day and jugs of juice and other drinks were available and offered. Therefore people were supported to eat and drink sufficient quantities to meet their nutritional needs.

We found that people's nutritional needs were assessed to identify the risks associated with poor diet and hydration. We saw that systems were in place to monitor and manage these risks. Records showed that people were weighed regularly to ensure that any fluctuation in weight was identified and responded to promptly. Records showed that people saw dietary and nutritional specialists if staff had concerns about their nutritional needs.

We saw that people's day to day health needs were met. Records showed that the provider had made referrals to relevant health services when people's health needs changed. These included referrals to GP's, dentists and chiropodists. We spoke to a visiting healthcare professional and received favourable feedback about the staff who worked at the home and the care and support provided. They told us that the home and the staff were good and people were well looked after.

Is the service caring?

Our findings

We spoke with people about the standard of care and support they received at the home. People told us that staff were caring and friendly and looked after them well. Comments included: “The staff are very kind to me”. “The staff are pretty good, but they are very busy and don’t always have time to talk to us”.

We spoke with relatives of people who lived at the home. They were complimentary about the standards of care being delivered. Comments included: “I’m happy with the care my relative receives”. “The staff are friendly and have a considerate approach to people” and, “The staff are polite, kind and know what they are doing”.

People told us that the staff asked them what they liked to eat, what time they liked to get up and when they wanted to go to bed. One person said: “I can stay in bed if I want to”. People also told us that they were able to go out of the home if they wanted to. One person said: “I go out occasionally and visit my family”. People and staff told us that there were no restrictions of when people could visit the home.

We found that people’s needs were recorded appropriately and that they were understood by staff delivering the care. The staff we spoke with demonstrated a good knowledge of the people who lived there including an understanding of their likes, dislikes and how they preferred their care to be delivered. We found that the staff at the home reflected the diversity of the people they cared for. We saw that signage had been put up for a person whose first language was Bulgarian and allowed them to orientate themselves around the home. Many members of staff had worked at the home for several years which had allowed them to build up positive relationships with people who lived there. Therefore people were being cared for and supported by staff who knew them well and understood their needs.

People told us that staff listened to them and that they were able to share their views and opinions. Comments included: “They always ask me if they can help before they do anything and they explain to me what they are going to do” and “The staff are good at reminding me of important things like putting on my glasses and using my frame when walking”. We spent a lot of time in the communal areas of the home observing the contact between staff and the people they were supporting. It was apparent that although busy, staff were attentive, polite and had built up a good working relationship with the people they were supporting. The people at the home seemed comfortable and at ease with the staff who cared for them.

Staff we observed were patient with the people they were supporting and treated them with respect and dignity. For example we saw that people were given the time they needed to make decisions and staff usually sought consent and explained what they were doing before providing care and support. People had privacy when they needed it. We saw that people had their own bedrooms which were personalised and individual. People could return to their rooms at any time they wished. Family and friends could visit the home at any time they wished without any undue restriction. Relatives we spoke with told us they were always made to feel very welcome. Comments included: “They [staff] are really nice to me and always have time for a quick chat about [family member]. They offer me a cup of tea and are very helpful, [family member] is well looked after”. Therefore people could maintain relationships with relatives and friends who were important to them.

People’s religious and cultural needs were recorded on their care plans and taken into account when delivering care and support.

Is the service responsive?

Our findings

During our inspection on 2 and 3 July 2014 we found that the provider had not taken appropriate steps to ensure that the planning and delivery of care met people's needs and/or ensured their welfare and safety. This meant that the provider was in breach of regulation 9 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan and told us that they would make the necessary improvement by 30 November 2014.

During this inspection whilst we found that improvements had been made, we found that the format of the care plans had changed and they were in the process of being updated by the new care manager who had recently taken up their post.

Two of the four care plans we looked at did not contain detailed relevant information about the person. The information was brief and did not provide guidance to staff about how to meet the care needs of the person. The care manager told us that they had been working through each person's plan to ensure they reflected each person's care and support needs. We noted that where changes had been identified this had been recorded in two of the plans we looked at. This ensured that information for staff about how to meet people's care needs was revised and updated promptly when there was a change in a person's health, welfare or personal circumstances.

People confirmed that staff discussed their care needs with them and were aware of the help that they needed. One person told us: "Staff always ask me what help I need when they come to help". Another person said: "Staff have talked to me about what support I need as I am quite independent where I can be". A relative commented: "I have not been asked to take part in any reviews, although I am here every day and they [staff] talk with me". Three out of four care records that we looked at had been signed by people or their representatives to ensure that they had agreed to the care provided. For one person whose first language was Bulgarian, staff had learnt some of the language with the support of the person's family so that they were able to communicate with them. Signage in the person's first language was in place in their bedroom. This supported the staff to provide choice to the person. Staff

maintained people's independence and encouraged them to do as much for themselves as they were able. During the mealtime people were encouraged to eat and were given the necessary support.

There was a lack of hobbies and interests at the home. Staff and people who used the service told us that organised activities were only available two days a week. Activities were limited. These included a weekly yoga session, a monthly visiting singer, watching a film, listening to music and playing card/board games. We were told by the staff that not everyone wished to participate. We noted that one person attended a day centre. However very few people left the building unless with families. There was very little contact with community groups outside of the home. Engaging in pleasurable activities and stimulating tasks are essential to people's physical and mental wellbeing and quality of life. It was apparent from our inspection that not all people living at the home were given the opportunity to participate in hobbies and interests of their choice and therefore not able to enjoy full and satisfying lives. Comments from people living in the home included: "There is not much for men to do here. I would like to do some gardening but it never seems possible they [staff] just sit me in the garden". "We have various things arranged for us to do if you want but you but don't need to join in". A relative commented: "They do have some activities here for people to take part in but not ones [family member] are interested in. I think they are aimed at people more able than [family member] is".

The home's complaints policy was displayed in the reception area of the home. The registered manager told us that they had received complaints and responded to these. There was however, no system in place for recording complaints and concerns. This meant that the registered manager was unable to monitor or identify any trends.

People we spoke with told us that they knew how to raise a concern and their views would be listened to. One person told us that although she had never complained, she would not hesitate to speak to the staff if something was troubling them. A relative commented: "Staff are always willing to have a quick word with me and I have no complaints. I would go straight to the office to speak with them. They will sort it out".

Is the service well-led?

Our findings

During our inspection on 02 and 03 July 2014 we found that the provider had not ensured that incidents that had occurred in the service had been reported as required. This was a breach of regulation 18 of the Health and Social Care Act 2008 Registration Regulations 2009. The provider sent us an action plan informing us that they would take the required action by 5 September 2014.

During this inspection we found that the required action had been taken. Records showed that the provider had complied with the law and notified the Care Quality Commission (CQC) and other agencies of the appropriate incidents and events that occurred at the home when required. This information enabled CQC and other statutory agencies to monitor the provision of care being delivered and to take action should it be necessary to do so.

During our inspection on 02 and 03 July 2013 23 found that people were not protected against the risk to of unsafe or inappropriate care and treatment because accurate records were not maintained in relation to their needs and the support they required. This meant that the provider was in breach of regulation 20 of the Health and Social Care Act) 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan informing us that they would make the required improvements by 30 November 2014.

During the inspection of 11 June 2015 we found that improvements had been made and that care and support records were being maintained and stored appropriately.

At the last inspection the provider did not have an effective system in place to assess and monitor the quality of the service. During this inspection there had been involvement of people living in the home in making suggestions about how the home could be improved. A survey had been conducted for people who use the service, although a report had not been compiled to notify people of the results and any action taken or that is to be taken as a result.

There were a number of areas still requiring redecoration and although the registered manager told us the work would be undertaken, there was no improvement plan available to provide timeframes and demonstrate when the work would be completed by.

In addition we found that there was not a system in place to monitor complaints and to identify theme or trends.

There was a registered manager at Laurel Lodge Care Home. They were supported by a care manager who was responsible for the day to day management and two assistant managers. The care manager told us that there was regular support and contact with the registered manager and a meeting was held at least five times a week to discuss all people living in the home and any issues that needed action.

There were clear management arrangements in the service so that staff knew who to escalate concerns to. The care manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff.

The care manager informed us that they were aware that some records were not as detailed as they should be. They were in the process of auditing all care records and ensuring that they contained all of the required information.

A training record was maintained detailing the training completed by all staff. This allowed the care manager to monitor training to make arrangements to provide refresher training as necessary.

The manager was in the process of arranging a meeting with an external trainer to plan how they could improve their training to ensure it was in line with new guidance.

We observed people who used the service and staff who worked together to create a relaxed and welcoming atmosphere. There was a friendly discussion between staff and people who used the service, who spoke openly and warmly to each other. We saw staff supporting each other and working well as a team.

All the staff we talked with were positive about their roles at Laurel Lodge Care Home. One member of staff told us: "Excellent staff team who work well together". Another person working in the home told us: "This is a nice place to work. We are listened to and given respect from the management team". All the staff we spoke with were aware of the provider's whistle-blowing policy and they told us they would confidently report any concerns in accordance with the policy.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People who use the service cannot be assured that their consent has been appropriately gained and understood by staff</p> <p>Regulation 11</p>