

Laurel Villas Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laurel Villas provides personal care for up to 24 older people. The home is situated in a suburban area of Ashton in central Preston. The home is not purpose built and arranged over two floors with access provided to all parts of the home via a lift. The accommodation provides a homely atmosphere with plenty of communal space including a large lounge that overlooks a very attractive garden that can be easily accessed. At the time of the inspection there were 20 people receiving personal care at the service.

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

Medicines were not always managed safely. We found examples where people had not been given their medication in line with guidance. We found no impact to people however, people could have been exposed to risk. We have made a recommendation about this.

Staff recruitment was safe, however documentation was not always kept in line with regulation. We have made a recommendation around this. The service was clean and tidy throughout and staff followed infection prevention practices. People told us they felt safe living at Laurel Villas. We were told and could see from observations there were enough staff to meet people's needs. One person told us, "I've always felt safe here."

We found some inconsistencies in documentation and the processes to promote safe care and treatment had been implemented but were not fully embedded. We have made a recommendation around this. There was a positive staff culture at the service. We found the management team receptive to feedback and keen to improve the service. The registered manager worked with us in a positive manner and provided all the information we requested.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in their care planning. People told us they enjoyed the food and they were offered choice.

The service had a programme of activities. All the people who lived at the service told us they were happy with the activities and they enjoyed them. One person said, "You're kept well entertained here, singers, dominoes, bingo, but you can say no." Staff understood the importance of supporting people to have a good end of life as well as living life to full whilst they were fit and able to do so.

The registered manager and staff were caring. Staff were aware of how to protect people's privacy and dignity and people told us staff did this well. One person said, "I can have a bath when I want, and they always shut the door." People told us the staff were kind and caring. People felt supported to make decisions about their daily lives.

Rating at last inspection

The last rating for this service was good (published 23 August 2018).

Why we inspected

The inspection was prompted due to concerns found at another registered location for the same provider. A decision was made for us to inspect and examine if similar risks were apparent at this service. We planned to complete a focussed inspection to look at the risks. However, we found some evidence to partially substantiate the concerns. Therefore, as per our guidance we completed a full comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our safe findings below.

Good ●

Is the service caring?

The service was caring

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Laurel Villas Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a specialist advisor in medicines.

Service and service type

Laurel Villas is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced. The second day was announced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. This information helps support our inspections. We used all this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who lived at the home about their experience of the care provided. We spoke with

six members of staff including the registered manager, deputy manager, senior care workers and care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always safely managed. The systems used by the registered manager were ineffective to ensure medicines were managed safely. Records were not always completed to show that medicines were being kept safely and at the correct temperatures.
- There were no records available for adding thickening powder to drinks for people who have difficulty swallowing.
- Medicines that are prescribed as and when required (PRN) did not always have clear and available guidance for staff about what the medicine was prescribed for. When people required creams to be applied to their skin, there was no clear or available guidance to show staff which part of the person's body to apply the cream. People did not have photographs on their Medicine Administration Records (MARs) to ensure the medicines were being given to the correct person.
- The systems used to audit the medicines at the service were ineffective; the audits had not identified the issues found during the inspection.
- The registered manager acted immediately during and after the inspection. They confirmed changes had been implemented to ensure medicines administration was managed safely. Staff had attended medicines training, documentation had been reviewed and updated. This reduced the immediate risk to people who lived at the home. The changes implemented require time to embed into practice.

We recommend the registered provider consults with and consistently follows good practice guidance for the management of medicines.

Staffing and recruitment

- At this inspection we found staff there were enough qualified staff on duty, and they were deployed effectively to keep people safe.
- We found that recruitment practices were safe, however, the provider did not always retain relevant documentation to evidence this. When new staff were recruited, the provider had failed to keep a record of the interview to demonstrate the decision-making process.

We recommend the provider review their recruitment practices to ensure they can evidence they are adhering to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other pre-employment checks such as criminal records checks and receiving satisfactory references were completed and retained.
- There were enough staff on duty to meet people's needs and provide companionship. We reviewed rotas

and saw staffing levels were consistent. People told us staff turnover was low and they received support from staff they knew well. Feedback included, "I've always felt safe here, if I press my button in my room, staff come to me straight away." And, "When I do ring, I'm not waiting for them."

Assessing risk, safety monitoring and management

- Documentation relating to risks to people's health, safety and wellbeing were not consistently kept up to date. Staff were not always provided with accurate guidance on how to keep people safe. However, staff we spoke with demonstrated they were aware of the different risks people were vulnerable to. One person we spoke with told us, "Everyone knows me so well, I never have to explain the help I want."
- The registered provider had processes to provide a safe, secure, environment for people, visitors and staff. A range of checks were carried out on a regular basis to ensure the safety of the property and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people were safeguarded from abuse.
- Staff were trained and both they and the registered manager demonstrated their understanding of how to raise safeguarding concerns appropriately.

Preventing and controlling infection

- The registered provider had arrangements in place to ensure people were protected by the risk of infection. All the people spoken with said they were satisfied with the cleanliness of the home.
- Suitable equipment, including laundry facilities were provided. Staff had access to personal protective equipment, and they had accessed training on infection control and food hygiene.

Learning lessons when things go wrong

- The registered provider promoted an open and transparent culture in relation to accidents, incidents and near misses. Managers and staff were aware of their responsibility to report and record, accidents and incidents. We found that documentation was not always fully completed.
- Where lessons had been learned these were shared throughout the staff team and across the providers locations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager understood when an application for a DoLS authorisation should be made. At the time of the inspection, there were no authorisations approved by the local authority. One application had been made to the local authority and was awaiting approval.
- Staff recorded people's capacity to make decisions in their care plans. We discussed the principles of the MCA with the registered manager who was able to demonstrate a good understanding of the process.
- Staff received training and demonstrated an understanding of the MCA. They made sure people were supported to have maximum choice and control of their lives and supported them in the least restrictive way possible.

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

- People received effective care which met their needs. The registered manager completed initial assessments and devised care plans. Staff used these and their knowledge to guide them on how best to support people.
- The registered provider had policies and procedures for staff to follow which reflected relevant local and national legislation, guidance and CQC regulations.
- Staff considered people's protected characteristics, such as their religion or beliefs.

Staff support: induction, training, skills and experience

- Staff received a range of training to carry out their role effectively. New staff were given an induction to ensure they could carry out their role safely and competently.
- Staff told us they were provided with opportunities to discuss their responsibilities, concerns and to develop their role. They were complimentary about the support they received from each other and from the registered manager. One staff member said, "We have a close bond of team working between the management and staff."

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

- People's nutritional needs had been considered. Records documented peoples likes and dislikes and identified any associated risks with eating and drinking.
- People consistently told us they were given choices on what meals and drinks they wanted. People also told us they enjoyed the meals provided. One person said, "You get a three-course meal here at dinner. Soup to start, dinner and pudding."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals as needed.

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

- The registered manager and staff provided appropriate support to meet people's healthcare needs. One person said, "When you get to my age you tend to worry about getting ill, here they arrange for me to see the doctor."
- Staff worked closely with social and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments.

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

- The registered provider ensured the design and layout of the service was suitable for people living there. Communal areas were comfortable and homely; bathrooms were suitably equipped.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. People had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with respect, compassion and kindness, they were given emotional support when needed. We observed staff speaking with people who lived at the service in a respectful and dignified manner.
- People were complimentary about the attitude and kindness of staff. Staff and people living in the home had developed good relationships. Staff knew about people's preferences and how best to support them. One person said, "The little things they do mean the world, that hug when you're down means everything."

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

- The service supported people to make choices in their daily lives. We observed staff offering choices and encouraging people to make their own decisions. Staff said they had time to talk with and listen to people. One person told us, "I look forward to the girls talking to me, and we do have lots of talks." One staff member told us, "Every day I just want to help people have their happiest day."
- Staff encouraged people to make decisions about their day to day routines and their care needs, in line with their personal preferences. People could express their views as part of daily conversations and resident surveys.
- There was information available for people about how to access local advocacy services, should they want to. Advocates are independent people who provide support for those who may require some assistance to express their views. Advocacy services help to ensure people's rights to make decisions about their care and support were promoted.

Respecting and promoting people's privacy, dignity and independence

- The registered manager and staff respected and promoted people's privacy, dignity and independence. Staff knocked on people's doors and waited for their agreement to enter.
- Staff encouraged people to maintain their independence whenever possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I do what I can, and staff help me to do the rest."
- People's information was stored and held in line with the registered provider's confidentiality policy and with recent changes in government regulations.

Is the service responsive?

Our findings

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

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

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

- People received personalised care, which met their changing needs. We saw care records were written in a person-centred way and we observed staff followed the guidance in people's care plans. Care records were regularly reviewed.
- The registered manager and staff recognised the importance of supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

Meeting people's communication needs

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

- The registered manager and staff understood about the AIS. People's communication needs were identified and recorded in their care plans and shared appropriately with others. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

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

- There was a programme of activities to help promote people's intellectual and emotional wellbeing.
- People were supported to maintain contact with their friends and family, and friendships had developed within the service.

Improving care quality in response to complaints or concerns

- People were happy living in the home and told us they had no complaints or concerns. People were encouraged to discuss any concerns during meetings and day to day discussions. They also participated in a satisfaction survey where they could air their views about all aspects of the service.
- The registered manager confirmed any concerns or complaints were taken seriously, explored and responded to. The complaints folder showed complaints had been fully investigated by the registered manager and a full response provided to the complainant.

End of life care and support

- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded, where possible. The service was not supporting anyone with end of life needs at the time of the inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question had deteriorated to requires improvement. We found some improvements were needed to strengthen quality assurance.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to monitor the quality of the service that people received require time to embed into practice. The service had undergone several changes, especially to documentation and quality assurance in the recent months.
- Audits completed by senior staff did not always identify and escalate relevant risks and issues. We found that action plans had not always been devised and completed to ensure action had been taken to rectify any issues.
- We found some inconsistencies in documentation. Quality assurance and management monitoring processes in place had not identified the shortfalls we found during this inspection..

The registered manager responded immediately during and after the inspection.

We recommend the registered provider continues to embed suitable auditing systems to consistently promote safe and high-quality care.

- Staff meetings, supervision sessions and handover meetings were used to ensure continuous learning and improvements took place.

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

- There was a positive culture at the service. Management and staff knew people well and empowered people to make decisions about their care and support. Staff told us they felt supported and valued by the management team.
- Management had the skills and knowledge to lead effectively, they were well respected by the staff team.
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and registered provider understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family

members.

- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

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

- People felt they were listened to. People were encouraged to be involved in the development of the service and feedback was sought from people living in and visiting the home. Staff and management meetings took place regularly and were open forums for information to be shared.
- The registered provider monitored the quality of the service to ensure people were happy and to ensure their diversity and personal and cultural needs were met.
- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence.