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The Laurels

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

The Laurels is a residential care home for people living with dementia. The accommodation is spread over two floors with the main communal areas situated on the ground floor. The home is registered to support up to 23 people. At the time of our inspection there were 16 people living in the home.

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

People received a high level of care which met their needs were met. However, systems in place to monitor the quality and safety of people's care were inconsistent. Further improvement was needed to ensure governance was organised and evidenced decisions being made regarding environmental risks and discussions with staff.

Whilst we did not find people being restricted unnecessarily, records were not fully up to date relating to people's DoLS and processes relating to people's mental capacity required development.

Risk associated with people's care had been identified and assessed. People received their medicines safely. There were enough staff deployed to meet people's needs. Staff followed good infection control practice and people were protected from the increased risk of infection.

Staff received training relevant to their role. People's needs were being met in line with their care plans. People were supported to eat and drink well. Staff worked with other agencies to ensure better outcomes for people and health conditions were managed.

Relatives told us staff were extremely caring. People spoke highly of the staff and the care they received. People were encouraged to maintain and re-gain their independence. People's privacy and dignity was respected by staff who knew them well.

Care records showed people's needs, abilities and preferences. Staff supported people to communicate in different ways. Most people spoke positively about activities in the service. Staff engaged with people in a meaningful way. People, staff and relatives felt they could approach the registered manager should they wish to make a complaint. Staff were trained to deliver end of life care.

People, staff and relatives highly commended the registered manager, who encouraged an open, positive culture. Staff were empowered to deliver quality care to people. People, relatives and visiting professionals were given the opportunity to feedback regarding their experience.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 22 September 2020).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Laurels

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team was made up of two inspectors.

Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Laurels is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 24 May 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, senior care workers, and a care worker. We reviewed a range of records. This included three people's care 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 policies and procedures were reviewed. We 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives over the telephone about their experience of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm. Staff had received safeguarding training and understood their responsibilities to keep people safe.
- Staff told us they would report their concerns relating people's health, safety and welfare to the registered manager. One staff member said, "I would not think twice about approaching [name of registered manager], they would definitely deal with it."
- People told us they felt safe living in the service and relatives confirmed this. One relative told us, "Oh definitely, it's a safe place, I don't worry." A person told us, "I feel safer here than I did at home."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with people's care had been identified, assessed and measures were in place to reduce the risk of harm to people.
- Some people were at an increased risk of pressure sores. Specialist equipment was in place to reduce their skin from becoming damaged. In addition, guidance was available to staff on how they could support people to reduce the risk of skin damage.
- Where accidents or incidents took place in the service, it was recorded on an accident form. The registered manager reviewed these and updated them with actions to keep people safe and outcomes of any injuries.

Staffing and recruitment

- There were enough staff deployed in the service to meet people's needs. Relatives told us there was always staff around when needed and people told us if they called for help, staff responded in a timely way.
- During our inspection we observed staff spend time with people and call bells were answered promptly.
- The provider continued to complete safe recruitment checks on staff working in the service. This included obtaining references of character and completing Disclosure and Barring Service (DBS) checks. This provides information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Further improvements were required to ensure staff files were organised and all contained relevant information gathered during the recruitment process.

Using medicines safely

- People received their medicines as prescribed by trained staff.
- Some people were prescribed 'as needed' medicines. However, information for staff on when this may need to be administered was limited. However, the registered manager ensured these were updated and in place during the inspection.

- Staff had followed the guidance of health professionals when administering medicines covertly (concealed in food or drink without the person's knowledge). Relevant health professionals had been involved to ensure this was being done safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- The service facilitated visits in line with national guidance.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has for this key question has changed to good. 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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had restrictions placed on them for their own safety. For example, pressure mats were used for some people to alert staff when they got out of bed. This was because they were at risk of falls. However, there were limited assessments of people's capacity to make specific decisions. Up to date information regarding people's DoLS was not always available. We raised this with the registered manager who has ensured relevant information is now in place and is working to ensure meaningful mental capacity assessments are in place as needed.

We recommend the provider ensure decision making is recorded in line with the MCA for people who lack the capacity to consent and who need restrictions placed on them to keep them safe.

- We saw people had consented to the care being delivered to them and people's relatives provided consent on their behalf when they had legal authority to do so.
- Where people received covert medicines best interest decisions had been formally recorded and the conditions applied in the person's DoLS around the use of covert medicines had been followed.

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. Staff were encouraged to develop their knowledge by completing nationally recognised qualifications.
- Records showed staff had and were completing the Care Certificate as part of their induction process. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff described their induction process which included both face to face and online training and shadowing an experienced member of staff to get to know people's needs. One staff member told us, "We also do competencies to ensure staff can support people safely and properly."

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

- People's need had been assessed and were kept under review.
- Care records showed people's preferences and dislikes were recorded and staff knew people they supported well.
- Some people had been assessed to require support from staff to eat their meal. We observed staff support people to do this in a kind and caring way. In addition, records showed staff followed guidance in line with people's care plan to reduce the risk of pressure sores. For example, staff assisted them to reposition regularly.

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

- People were supported to eat and drink safely, in line with their needs and preferences. Relatives told us meals were home cooked, traditional and of good quality.
- People told us they were offered choice. One person said, "They [staff] will always come around and ask us what we want." Another person commented, "Yes, I can choose what I eat and drink. We get enough food and there is plenty of cups of teas."
- Where people were prescribed a modified diet due to being at risk of choking, information was available to staff on how to achieve this safe texture and to reduce the risk of harm. We observed meals being prepared in line with this guidance during our inspection.
- Adapted crockery was available and being used for people who required it. For example, a plate guard to encourage the person to eat independently.

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

- Records showed staff worked with other agencies to ensure people received timely care and treatment as needed. For example, where staff had noticed a person was not swallowing safely at mealtimes, a referral to the Speech and Language Therapy (SALT) team was completed.
- Staff worked with medical professionals such as, district nurses on a daily basis to ensure people's ongoing health conditions were monitored and managed well.

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

- The service met the needs of people. People were able to access different areas of the home as they wished.
- People were able to personalise their bedrooms with a decoration they preferred and personal memorabilia.
- People had access to different communal hygiene facilities. This included larger bathrooms where equipment was in place to support people whose mobility was impaired.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 felt they were treated well. One person commented, "The staff are nice, they help me." Another person told us, "They [staff] look after us here."
- Staff supported people with their chosen religion and faith. The registered manager had sought learning for staff on different religious beliefs in order for them to support people in this area more effectively.
- Relatives spoke highly of both the staff, registered manager and the provider. One relative commented, "The staff are extremely caring, [name of registered manager] is lovely. Nothing is too much."
- The provider and registered manager described how they would support people with different protected characteristics. For example, sexual orientation.

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

- We observed people being offered choice throughout our inspection. For example, which area of the environment they wanted to use, what they wanted for their lunch time meal and if they required any additional support.
- Relatives told us they felt comfortable to express their views and share feedback about their loved one's care.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy was respected. One person said, "Staff always knock on my door before coming in."
- Staff supported people to maintain their independence and to regain it where it had been lost. For example, records showed staff supported a person with their meals. However, overtime, staff had worked with them to enable them to eat for themselves, which we observed during our inspection.
- We observed staff offer support to people in a discreet and caring way. For example, to change their clothes if there was food spillage.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. 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 had care plans in place which demonstrated how staff could support people safely and in a way the person preferred.
- Staff we spoke to knew about people's individual needs and were able to tailor the care provided to support the individual in the way they preferred.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood the importance of people having access to information in way they could understand.
- One member of staff told us they had used pictorial aids to support a person to communicate their wishes. A relative told us how during a complex discussion regarding living in the service with their loved one, the registered manager used pen and paper to write down what they were saying to enable them to understand.
- Key policies and procedures were available to people and could be sought in a larger print if needed.

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

- Most people spoke positively about the activities they took part in on a day to day basis. However, others felt this could be improved.
- Staff told us they spent time with people to engage meaningfully with them. For example, having a chat, painting their nails, singing and dancing.
- We observed positive interactions throughout our inspection between staff and people living in the service. Relatives told us staff offer stimulation for people. One relative said, "They do what [person] wants to do, if they want to get involved, that's great. If not, the staff respect it."
- The registered manager told us they had sought further learning for staff around people's individual cultures which enabled them to support people in their preferred way. In addition, people had social care plans in place with information about what and who was important to them.

Improving care quality in response to complaints or concerns

- The service had not received any formal complaints. The provider had a complaints policy in place, and this was available to both people living in the service, relatives and visitors.
- People, staff and relatives told us they knew how to make a complaint and were confident that it would be dealt with appropriately and in a timely way. One relative commented, "I can talk to [name of registered manager] about anything. They will deal with it straight away."

End of life care and support

- The service was not supporting people who received end of life care at the time of the inspection.
- Staff received training around end of life care and understood how to support people in a person-centred way. This included the process for the use of prescribed medicine in case they were needed to keep people comfortable and pain free.
- Some people had advanced directives in place about where they wanted to be cared for when they reach the end of their life. For example, to remain in the service.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The system in place to monitor the quality and safety of people was inconsistent. Systems were not always audited against recognised standards to ensure best practice guidelines were being followed.
- Some quality checks were in place which showed areas of the service had been checked and where improvements had been made. This included, infection control audits and mattress checks.
- The registered manager was able to demonstrate how environmental risks had been assessed and how people's needs had been considered in line with this. For example; staircases. However, further work was needed to ensure appropriate records were in place evidencing these decisions.

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

- The registered manager had oversight of the service and knew people, staff and relatives well. However, further governance was needed to evidence their involvement in the running of the service. For example, training monitoring systems, staff meetings and discussions. However, staff told us they attended regular meetings with the registered manager.
- People's feedback had been sought and annual surveys were completed by people and their relatives about the quality of care they had received.
- Visiting professional had also been asked to complete a survey regarding their experience and standards of care for people. One visiting professional had commented, "Staff really care, the residents are clean, tidy and happy. The food is top notch too."

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

- There was an open and positive culture in the service. Staff spoke highly of the registered manager. One member of staff commented, "[name of registered manager] is just amazing, I can talk to them about anything. [Name of provider] too."
- Staff had worked at the service for long periods of time and were positive about their experience. One staff member told us, "I would not want to work anywhere else." Another member of staff said, "I look forward to coming to work every day."
- Staff were empowered to deliver good quality care to people living in the service. Staff told us how they were able to make suggestions about people's care and were listened to. One staff member said, "I love the residents, I will do anything I can to keep them safe and happy. [Name of registered manager] supports that

too."

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; Working in partnership with others

- The registered manager understood their responsibility to be open and honest when things go wrong. The registered manager told us, "I am always honest, I have to be for the residents."
- The service worked in partnership with others to promote better outcomes for people. Staff worked with healthcare professionals and specialist services regarding people's health.
- Relatives told us they were involved in their loved one's care. One relative said, "The staff keep me up to date with any changes or medical needs."
- Both the registered manager and provider were responsive to our feedback throughout the inspection.