

HC-One Limited

# Lauren Court Residential Care Home

## Inspection report

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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 responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Lauren Court Residential care home is a care home providing accommodation and personal care to up to 48 people. At the time of the inspection there were 36 people living in the home.

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

Systems to monitor the environment and the quality of care within the home were not always effective, they did not identify some of the concerns we found during this inspection.

Care plans and risk assessments were not always being followed, there was no evidence people were receiving oral care. There were gaps in the recording of information which meant we were not always assured people were getting the care they required in line with their assessed need.

The deployment of staff within the home was not always appropriate, we observed people being left for long periods of time without their assessed level of support. People told us they were not able to have a shower or bath when they wanted due to staffing levels.

People told us they felt safe and supported within the home and positive staff interaction was observed. People told us permanent staff knew their needs and supported them with dignity and respect. Some concerns were raised in relation to the use of agency staff and their lack of understanding of people's needs. The provider had recruited more staff who were undergoing their induction and continued to recruit further staff, to ensure there is enough permanent staff to cover holiday leave or any periods of sickness.

Medicines were not always managed safely to ensure people had taken the medicines they needed.

Systems were in place to gather feedback from people regarding the service and some identified actions were acted on although some concerns still remain a concern for some people.

Policies and procedures were in place to safeguard people from abuse and staff were aware of their own roles and responsibilities.

People were offered a choice at mealtimes and were provided with serviettes and condiments.

Health and safety checks were in place and were being monitored.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Rating at last inspection and update

The last rating for this service was requires improvement (published 08 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations 11 and 12 of the Health and Social Care Act 2014. However, we found the provider remained in breach of regulation 17.

The service remains rated requires improvement. This service has been rated requires improvement for two consecutive inspections.

## Why we inspected

We received concerns in relation to quality of care. As a result, we undertook a focused inspection to review the key questions of Safe, Effective, Responsive, and Well-led only.

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.

For the key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective, responsive and well led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Lauren Court Residential care home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## Enforcement and Recommendations

We have identified an ongoing breach in relation to the governance systems and management within the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

We have also made recommendations in relation to medicines, the environment and engaging with people.

## Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. 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?**

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service effective?**

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Lauren Court Residential Care Home

## **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 2 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 care service.

#### Service and service type

Lauren Court Residential care home is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under one contractual agreement dependent on their registration with us. Lauren Court Residential care home 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

The inspection was unannounced.

#### 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 used all this information to plan our inspection.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 to 12 people who used the service and 1 family member to understand their experience of the service. We spoke to 5 staff members including carers, auxiliary staff and kitchen staff.

We reviewed care records and additional records in relation to the management of medication.

We reviewed multiple records in regarding to the management of quality and assurance of the service.

#### After the inspection

We reviewed information the registered manager sent and continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. The rating for this key question has remained 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.

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 however further improvements were still needed.

- Mattress settings were not always set correctly and people who required support with repositioning were not always repositioned in line with their assessed need. We reviewed records and were satisfied nobody had come to actual harm however this placed people at an enhanced risk of developing a pressure related injury.
- One person who was assessed as requiring a lap strap when using a wheelchair mobilising around the home was observed not to be using one.
- Records identified actions that had been taken following external contractor reports; for example following routine servicing of the electrical and fire safety systems. Internal audits were completed in relation to the environment and actions were identified and completed.
- Personal Emergency Evacuation Plans (PEEPs) were in place and easily accessible, which meant systems were in place to safely evacuate people from the building in an emergency.
- Pre-admission assessments were completed by the management team to assess the suitability of the placement to ensure the service could meet the needs of the individuals. People's risk were assessed and care plans provided detail on how people should be supported to manage any risks.

### Staffing and recruitment

At our last inspection we recommended the provider review its practices to ensure adequate numbers of safely recruited staff were always available to support people in a timely way. The provider had made some improvements however this work was on going.

- There were consistent levels of care staff on each shift, however we observed instances where when people were left unsupported for periods of time which was not in line with their care needs. People told us they could not always have the levels of personal care they wanted when they wanted. We discussed these issues with the registered manager who told us staff would support people to access baths and showers as

often as they wanted. However, care records did not reflect this was the case.

- The number of auxiliary staff, such as cleaning staff varied significantly on staff rosters. This made it difficult for these staff to keep on top of the number of tasks required.
- Safe recruitment practices were being followed including checks with previous employers and the disclosure and barring service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer.

#### Using medicines safely

- Medicines were not always managed safely to ensure people had taken the medicines they needed. We found 1 person's morning medicine had been left in their bedroom and had not been taken, we raised this with the provider who acted immediately and contacted the doctor to seek advice. All other medicines had been received by people as prescribed.
- The medicines room was tidy and medicines were being securely stored, however temperatures were not always robustly being recorded.
- Medicines which people may require occasionally, such as medicines to manage pain, did not always have sufficient information to guide staff on when to administer this type of medicines.
- Records did not always contain up to date allergy information.
- We raised all these issues with the deputy manager who took immediate action to improve the records, however systems needed to be more robust to demonstrate an overall and sustained improvement.

We recommend the provider review the processes of oversight and record keeping used within the service to ensure it is sufficiently robust and fit for purpose, and that medicines are safely managed.

#### Preventing and controlling infection

- Robust Infection prevention and control practices were not always being followed. We found several examples where bags used for soiled product, such as continence aids, were left open in communal spaces.
- Cleaning staff worked hard throughout the day to keep the home clean but told us on some days there were not enough cleaning staff to complete all the necessary tasks. Some areas of the home were grubby, and some bedrooms continued to smell unpleasant even once they had been cleaned.

#### Learning lessons when things go wrong

- There were systems in place to report any incidents and accidents, which allowed for analysis of these to identify themes or trends. However, records did not always record the actions taken.
- The service held organisation learning monthly meetings which allowed analysis of information to be discussed and any learning identified.

#### Systems and processes to safeguard people from the risk of abuse

- Overall, people told us they felt safe from the risk of abuse. One person commented, "I do feel safe here. The staff are very kind and will help in any way they can."
- The service had suitable policies and guidance in place to ensure staff knew what action to take in the event of a safeguarding concern.

#### Visiting in care homes

- There were no restrictions to visiting at the service which was in line with the current Government guidelines.



# 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. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection we found the provider had failed to fully assess and obtain service users ability to consent to care and treatment. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement has been made and the provider is no longer in breach of this regulation.

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.

- People had assessments of their capacity, and where they had been assessed as lacking capacity, best interest decision were recorded. DoLS had been applied for where this was required.
- Where people had DoLS in place this was recorded, conditions had been noted and were being met.

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

- Some areas of the home were tired and in need of redecoration.
- Some people living in the home were living with dementia. There were photos from the local area to aid reminisces. However, there was limited signage to help orientate people around the home.

We recommend the service review the environment and make adaptations to the premises, in line with people's needs and best practice guidance.

- People had personalised their bedrooms and adaptations were in place in bathrooms to support people with mobility issues.

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

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

- Systems were in place to monitor oral care however, they were not effective, there was no evidence people were consistency receiving oral care.
- The provider worked with the local GP who visited the home every Thursday. However, people told us they could not access the GP when they required. One person said, "If you ask for the Doctor, they [staff] say I'll put you down for Thursday, but I don't know when I'm going to be ill and I might need to see someone before that."
- Referrals are made to the relevant health professionals when required.
- People's needs were assessed and this formed part of their care plans.

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

- People at risk of weight loss were identified and referrals to dietician services had been made. Records were in place to record food and fluid intake however we found these to be inconsistent and had gaps. This was discussed with the management team during the inspection.
- People's likes and dislikes were recorded, and kitchen staff knew people's specific needs and how these could be met. A choice of main meals was provided and people's breakfast, including hot options, were made to order.
- The food looked at smelt appetising and people appeared to being enjoying meals.

Staff support: induction, training, skills and experience

- Staff receive training however records confirmed not all refresher training was up to date. Staff had been assigned required training however a number had yet to complete this.
- There was evidenced staff were receiving regular supervision and areas of concerns were discussed.

# 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. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

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

- Improvements were needed to demonstrate how the care being delivered was person centred. Daily notes were task centred and lacked personal detail.
- People were not always involved in their care planning. One person told us, "I've not had a review with the people here but I've had lots with the Council."
- People were not aware there was a choice when they have a bath/shower. One person told us "They help me with a bath which I have on a Monday." Another person told us, "I have a bath one day a week. My day is Saturday. I would like more baths but it is a big bath and I couldn't manage on my own so I need help with that. They say they will do it when they have time and they only do so many a day."
- We observed positive staff interaction with people, and staff appeared to know the people they supported well.

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.

- Communication care plans were in place and were personalised to people's needs, including reference to facial expressions used to communicate.

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

- We observed a range of activities taking place throughout the inspection visit. Most people spoke positively about what was on offer. Comments included, "There are all sorts of things going on during the day. It's been Nails this morning and a Quiz this afternoon" and, "They have things like Bingo and there is a Quiz today which I'm going down for. It'll be a laugh." However, one person told us, "I don't get involved in any activities. I can't be bothered because I have to rely on people getting me up and downstairs and if they are busy, I have to wait before I can come back up."

We recommend the provider reviews how to engage and support people who choose to remain in their bedroom.

Improving care quality in response to complaints or concerns

- Records were inconsistent in recording what actions had been taken in response to complaints raised.
- People knew who they could speak to if they wanted to make a complaint or were concerned.

#### End of life care and support

- End of life care plans were in place to guide staff should a person's health decline and they require this type of support.

# 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 requires improvement. The rating for this key question has remained 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.

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

At our last inspection we found the provider failed to operate effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement has been made and the provider remains in breach of regulation 17.

- Mandatory training was not always completed in line with the services policy.
- Systems were in place to allow for the analysis of falls and incidents to identify themes and trends however, this was not utilised effectively.
- records were inconsistently completed which meant we could not always be sure the risks to people were being sufficiently monitored and mitigated.
- Numerous audits and daily walk arounds were completed by management team, however it was not always clear what actions had been taken following issues that were found. Systems had not identified all of the shortfalls we found during this inspection.

Systems and standards of record keeping had not been effective to sufficiently monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and registered manager was receptive to any concerns found during the inspection and took immediate action to make some improvements.

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

- Systems were in place to share information between staff following change in shift, this included both verbal and written handovers. However, for those staff relying on written handovers these lacked details.
- The service did not always promote a person centred culture.
- Some people told us did not know who the registered manager was. One person told us, "I think the manager works from home." However, one person told us. "[Registered manager] is easy to talk to and I am

not frightened of approaching her and giving my views."

- We received mixed feedback about the skills and knowledge of agency workers. Comments included, "There has been a lot of Agency recently and some are good and some are rubbish. It's like they have never been doing this work before and they don't possess the basic skills needed "and, "They [agency staff] are not nasty or anything but as the job goes they are inadequate."
- People spoken with, were positive about the support they received from permanent staff. Regular staff understood people's preferences and were keen to promote good care. One person told us, "I am very happy here and the staff are very helpful and at my time of life I do need help."

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 Care Quality Commission (CQC) was informed of incidents and events which occurred within the service in line with regulatory requirements.

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

- Some staff did not feel fully engaged and supported by the management team. Mixed comments were received including, "The registered manager is approachable, I go to her if I need to," and "I wouldn't go to them [registered manager]. They are not approachable and have their favourites."
- The service held regular committee meetings which allowed people to feedback to management any concerns. comments included, "I am on the residents committee, and we meet once a month. I find it very interesting to be involved with" "One lady said that the music in the Dining Room was too loud so I brought it up at a meeting and it has been lowered" and , "I also complained about no salt and pepper on the tables, and this has been sorted out now."
- The service offered opportunities for family members to give feedback through regular meetings.

Working in partnership with others

- The service works alongside the local GP who visits weekly, and referrals to other professionals were sent via the GP.
- District nurses attend to support those with nursing needs.
- The home had good community links and organised activities for people to participate in. There has been organised trips to Colwyn bay, Llandudno, a garden centre and to a local Church for a coffee morning.

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 17 HSCA RA Regulations 2014 Good governance  Systems and standards of record keeping had not been effective to sufficiently monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.