Adiemus Care Limited

# Lauriston House

**Inspection report**

Bickley Park Road
Bromley
Kent
BR1 2AZ
Tel: 020 8295 3000

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## Ratings

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| **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? | **Good** |

## Overall summary

This inspection took place on 2 and 3 June 2015 and was unannounced. This was our first inspection of the registered provider at this location.

Lauriston House provides nursing and personal care for up to 39 people, some of whom have dementia. At the time of this inspection the home was providing nursing care and support to 35 people. There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People using the service said they felt safe and that staff treated them well. Safeguarding adults procedures were robust and staff understood how to safeguard the people they supported. People's medicines were managed appropriately and they received their medicines as prescribed by health care professionals. The manager demonstrated a clear understanding of the Mental

# Summary of findings

Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

People and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. People were being supported to have a balanced diet.

There were residents and relatives meetings where people were able to talk to the manager about the home and things that were important to them. The provider took into account the views of people using the service and their relatives through surveys. The results were analysed and action was taken to make improvements for people at the home. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Staff said they enjoyed working at the home. They received appropriate training and good support from the manager. There was a whistle-blowing procedure available and staff said they would use it if they needed to. The provider monitored the quality of care and support that people received. Unannounced spot checks were carried out by the manager to make sure people received good quality care at all times.

# 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?**

Good

The service was safe. There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Medicine records showed that people were receiving their medicines as prescribed by health care professionals.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

**Is the service effective?**

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The manager understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.

People's care records included assessments relating to their dietary needs and preferences and they were being supported to have a balanced diet.

People had access to a GP and other health care professionals when they needed it.

**Is the service caring?**

Good

The service was caring. Staff spoke to people using the service in a respectful and dignified manner. People's privacy was respected.

People using the service and their relatives had been consulted about their or their relative's care and support needs.

**Is the service responsive?**

Good

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People were provided with a range of appropriate social activities.

People using the service and their relatives were provided with information about the home and they were aware of the services and facilities available to them.

People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

**Is the service well-led?**

Good

The service was well-led. The provider monitored the quality of care and support that people received. They took into account the views of people using the service through surveys. There were residents and relatives meetings where people were able to talk to the manager about the home and things that were important to them.

# Summary of findings

The manager carried out unannounced spot checks to make sure people received good quality care.

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to staff when they needed it.

# Lauriston House

**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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us.

This unannounced inspection was carried out on the 2 and 3 June 2015. The inspection team consisted of two inspectors, a specialist speech and language advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

We observed care and support in the communal areas and saw how people were being supported with their meals during lunchtime. We spoke with nine people using the service, the relatives and a friend of four other people, four nurses, five care staff, a chef, two activities coordinators and the registered manager. We looked at records about people's care, including eight care files of people who used the service. We also looked at records relating to the management of the home for example, four staff recruitment and seven staff training records, quality monitoring reports and records of incidents, accidents and complaints.

Good

# Is the service safe?

## Our findings

People using the service told us they felt safe and that staff treated them well. One person said, “I’ve never had any problem about safety here.” Another said, “I’ve always felt very safe here.”

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures. We saw the service had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". On a notice board in the hallway we saw the local authority’s easy read information for adults at risk. We also saw a safeguarding adult’s flow chart that included the contact details of the local authority safeguarding adult’s team and the police. The manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur, the signs they would look for, and what they would do if they thought someone was at risk of abuse. Staff said they would report any safeguarding concerns to the manager or senior staff in the manager’s absence. One told us “I regularly refresh my safeguarding training. It helps to remind me of what I need to do.” Training records confirmed that the manager and all staff had received training on safeguarding adults. Staff told us they were aware of the whistle-blowing procedure and that they would use it if they needed to. At the time of this inspection there was a safeguarding concern being investigated by the police and the local authority. We cannot report on the investigation at the time of this inspection. We will continue to monitor the outcome of the investigation and the actions the provider takes to keep people safe.

Appropriate recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the home. They attended an interview and full employment checks were carried out. Staff recruitment files contained completed application forms that included references to previous health and social care experience and qualifications, their employment history, and interview questions and answers. Each file included evidence of criminal record checks that had been carried out, two employment references, health declarations and proof of identification.

People using the service, their relatives and staff told us there was always enough staff on duty to meet people’s needs. A relative said, “I think there are enough staff on duty when I visit.” The manager told us that staffing levels were constantly evaluated and arranged according to the needs of the people using the service. A member of staff said there was always enough staff on duty. If there was a shortage, for example due to staff sickness, the manager arranged for replacement staff.

The home had a call bell system and we saw that people who could not easily move from their bed or chair had call bells within their reach. For those people who could not use the call bell we saw that hourly checks on them were being carried out by staff. With the agreement of two people using the service, one on each floor, we tested the call bell system. On both occasions a member of staff attended within one minute. One person using the service said, “I never need to use the call bell because there is always someone around. I just call them over. But on the few occasions I have used it they turn up almost right away.”

There were arrangements in place to deal with foreseeable emergencies. Staff said they knew what to do in the event of a fire. They told us there were regular fire drills, so they were reminded about their roles in such an event. Staff training records confirmed they received regular training on fire safety. We saw personal emergency evacuation plans for all of the people using the service. People also had individual risk assessments in place relating to, for example, moving and handling, falls and their dietary needs. The risk assessments were kept under regular review and included information for staff on how to support people appropriately in order to minimise the risk to them.

People said they received their medicines at the right time. One person said, “I get my medicines as I expect them, the staff are very good at that.” Another said, “I receive my medicine when I am supposed to.”

We spoke to a nurse about how medicines were managed at the home. They told us that only trained nurses could administer medicines to people using the service. Training records confirmed that nurses received annual training on the safe administration of medicines. Medicines folders were clearly set out and easy to follow. They included individual medication administration records (MAR) for

Good

# Is the service safe?

people using the service, their photographs, details of their GP, information about their health conditions and any allergies. They also included the names, signatures and initials of nursing staff qualified to administer medicines.

Medicines were administered safely. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacist. We checked the balances of medicines stored in the cabinets against the MAR for three people on each floor and found these records were up to date and accurate indicating people were receiving their medicines as prescribed by health care professionals. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use. Medicine, including controlled drugs, was stored securely in locked trolleys and cabinets in locked rooms. We saw a controlled drugs record book on each floor. These had been signed by two nurses each time a controlled medicine had been administered to people using the service. We saw that medicines audits had been undertaken by the manager on a regular monthly basis.

Good

# Is the service effective?

## Our findings

People using the service told us they were happy with the care provided. One person using the service told us, "The staff seem pretty good at their job." Another said, "The staff are very professional, they are well trained and have refresher training."

We spoke with six members of staff about training, supervision and annual appraisals. They all told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. They received supervision from senior staff or the manager and had an annual appraisal of their work performance. One said, "I have worked here for thirteen years and have always had a lot of training. I am well equipped to do my job. I get regular supervision from the manager, I attend team meetings and I have an annual appraisal." A new member of staff said, "The induction I received was comprehensive. I didn't feel thrown in at the deep end." Staff said there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

We looked at staff training records. These confirmed that staff had completed an induction when they started work and received training relevant to the needs of people using the service. They had completed training the provider considered mandatory. Mandatory training included safeguarding adults, health and safety, moving and handling, infection control, first aid, fire safety and food hygiene. They had also completed training on other topics such as the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), diet and nutrition, equality and diversity and dementia awareness. Most staff had completed accredited qualifications relevant to their roles within the home. For example care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene.

The manager demonstrated a good understanding of the MCA and the DoLS. The MCA and the DoLS sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected. The manager said that most people using the service had capacity to make some decisions about their own care and treatment. Where the manager had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. We saw that capacity assessments were completed for specific decisions and retained in people's care files. The manager told us they were aware of the Supreme Court judgement in respect of DoLS. At the time of our inspection we noted that two DoLS applications had been authorised to deprive people of their liberty for their protection. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed. We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in three of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP.

People were supported to maintain good health and had access to health care support. Where there were concerns people were referred to appropriate health professionals. A GP visited the home once a fortnight or when required to attend to people's needs. People also had access to a range of visiting health care professionals such as dentists, physiotherapists, dieticians, speech and language therapists (SALT), opticians and podiatrists. Appointments with health care professionals were recorded in all of the care files we looked at. One person using the service said, "They have organised a chiropodist for me. The doctor visits regularly and I can get to see them if I need to." Another person said, "The staff organise all my appointments, they provide transport and staff to come with me when I need to go anywhere."

People were provided with sufficient amounts of nutritional foods and drink to meet their needs.

People's care files included assessments of their dietary needs and preferences. These assessments indicated their diet type, their ability to choose from a menu, portion size and their support needs. Where people required support with eating and drinking we saw that a SALT had assessed their needs and advised staff how these people needed to be supported. We saw advice sheets from the SALT in

Good

# Is the service effective?

people's care files and clearly displayed in their bedrooms. There were also folders containing people's dietary requirements and support needs located in the kitchen and dining rooms.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some preferred to eat independently. The atmosphere in the dining room was relaxed and unrushed. We heard members of staff ask people if they wanted some help, if they were ready to eat, if they liked the food they were eating, if they wanted a drink or if they wanted anything else. Some people were being supported by staff to eat lunch in their rooms. We saw that they received hot meals and drinks in a timely manner. People said they were provided with drinks and snacks throughout the day. Staff told us that mealtimes were protected so that people were not disturbed and they could be supported to enjoy their meals without interruption.

People said they liked the food provided at the home. One person said "The food has improved lately. I think they are using better ingredients. We get good portions and they always enquire if we want drinks." Another person said, "I'm a vegetarian, they always have a meal for me. I have fruit juice in my room. I have lots of fluids." Another said "I am on a special diet and they cater for my cultural needs. I get enough to drink. There is a jug of water in my room." We heard one person telling staff they didn't like the meal provided to them. The member of staff showed them the menu and asked them if they would prefer the other option. They said they would and the other option was provided.

Good

# Is the service caring?

## Our findings

People using the service and their relatives said the care delivered was good and staff were kind and respectful. One person said, "If I have to be anywhere, then this is the place to be. Staff are kind and listen to my grumbling." Another said, "The staff are pretty friendly. They talk to me about my care sometimes." Another said, "The staff are lovely and I get on with all of them." A relative said, "The staff are affectionate and very cheerful. My father is always clean shaven and well dressed."

The home had a well-established staff team. Two members of staff told us they had worked there for over fifteen years; two other staff said they had worked at the home for over ten years. They said many of the other staff had been there a long time too. One said, "This is really good for the people living here and staff. People know us by our first names and vice versa. There is a very friendly atmosphere here."

We observed positive interactions between staff and people using the service during our inspection. We saw staff being kind and patient with people. They engaged people in conversation and it was evident that staff knew about the person, their hobbies and interests. A member of staff said, "I value each person as an individual." Another said, "Our residents are so important and we need to look after them to the best of our ability."

People using the service and their relatives told us they had been consulted about their or their relative's care and support needs. One person said, "My family has been helping me to come here. My daughter has spoken to the home about me and my history. My daughter has arranged my care plan." Another said, "I have a care plan and I attend my care plan reviews."

We saw that people's care files recorded family involvement in the care planning process. Relatives said they had completed a "life history" for inclusion in their family member's care files. We saw these life histories were comprehensive and gave good detail of the person. They included for example, the person's previous school and employment and their interests and hobbies. An activities coordinator told us they used people's individual life histories to stimulate their memories. They said, "We always relate back to people's life story and weave in activities. For example, we know one person used to play a musical instrument very well. We include this, either by listening to music played by that instrument or getting in a musician." Where people found it difficult to mobilise the care coordinator said they tailored the activity. If the person could not get to the activity they took it to them. For example, one person who loves gardening was no longer able to get out to the garden. They loaded up a tray with soil and flower pots and assisted them to plant the pots up.

People's privacy and dignity was respected. One person said, "The staff knock on the door before coming into my room and shut the door when dealing with me." A relative told us, "The staff treat my father with respect and dignity. They always ask us to leave the room when attending to him." Staff said they knocked on people's doors before entering their rooms and made sure doors were closed and curtains drawn when they were providing people with personal care. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes people wanted to wear or the food they wanted to eat. One member of staff said, "Communication is so important. You have to make eye contact and explain what is going on at all times to make sure people are choosing what they want."

Good

# Is the service responsive?

## Our findings

One person using the service told us, “Its good here. If I need anything I will ask the staff. They are always helpful and obliging.” Another said, “There are no problems with the staff. They know what I need and how to help me. There is always plenty of something or other going on so you never get bored.” A relative said “My relative is comfortable and they get all the care they need.”

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People’s health care and support needs were assessed before they moved into the home. The manager said people’s care plans were developed using the assessment information and feedback from people using the service and family members. For example a pattern of behaviour placed one person who used the service at potential risk. We saw information from family members outlining how they successfully supported this person with the behaviour. This advice was included in the person’s care plan and risk assessment.

The care files we looked at included individual care plans and risk assessments addressing a range of needs such as communication, personal hygiene, nutrition and medical and physical needs. Care plans included detailed information and guidance for staff about how people’s needs should be met. Each file contained a “life history” completed by people’s relatives. This included information such as how people would like to be addressed, their likes and dislikes, details about their personal history, their hobbies, pastimes and interests and their religious, cultural and social needs. We saw that information in people’s care files was reviewed on a monthly basis. For example, one person was at high risk of developing a pressure ulcer, their care plan recorded this risk should be re-evaluated on a monthly basis. Records showed that monthly reviews of this person’s care plan were taking place.

The home employed two activities coordinators. They held residents meetings every two months where people were able to express their views about the home and discuss and plan activities. One coordinator said they were planning to host a Royal Ascot day and a Father’s Day event as requested by some people at the last meeting. They told us how people’s religious beliefs were respected and members of different local churches held services within the home on a rotational basis. A friend of a person using the service said, “My friend gets visits from the local Baptist church.” A person using the service said, “In the mornings the staff go round visiting and there is enough to interest me in the afternoons.” A relative said, “The staff put music on for my father as they know he likes it.” Some people attended locally based activities such as an arts and craft club. The coordinator said, “We feel strongly about involving people with the local community; for example, local school children come into the home on occasion to speak to the residents.”

People using the service and their relatives were provided with information about the home and they were aware of the services and facilities available to them. The manager showed us a copy of the service user’s guide and told us a copy was provided to people and their relatives when people were admitted to the home. This included important information about the services provided at the home and the complaints procedure. We also saw a copy of the complaints procedure on a notice board in the hallway. People and their relatives told us they knew how to make a complaint if they needed to. They said they were confident that the service would listen to them if they had to make a complaint and were sure that their complaints would be fully investigated and action taken if necessary. One person said, “I don’t usually complain, but I did and it was sorted out.” Another said, “I’ve never needed to complain, but I would be happy to do so.” A relative said, “If there is a problem I would approach the manager and I am sure they would sort things out.” We looked at the home’s complaints file. The file included a copy of the procedure and forms for recording and responding to complaints. Complaints records showed that any concerns raised were investigated and responded to appropriately and, where necessary, meetings were held with the complainant to resolve their concerns.

The home produced a monthly newsletter. The newsletter for April listed forthcoming events, which included entertainment and a quiz. The home had a minibus and there were regular trips out, sometimes people were accompanied by their relatives, to local garden centres or places of interest. We were told there was a trip to the seaside already planned for later in June.

Good

# Is the service well-led?

## Our findings

People using the service and their relatives were complimentary about the management and the staff. Those we spoke with said the home was managed well and the staff worked well as a team. One person using the service said, "The manager is a very pleasant person. He seems to have the whole picture." Another person said, "The manager has an open door policy and on a Wednesday he has a management surgery where we can talk to him if we want anything. I've seen an improvement in the service since the manager has been here." A relative said, "The home has an open culture. We trust the manager." A member of staff said, "No team is perfect, we do sometimes have our ups and downs. But you know we work them out and get on with doing what we are good at, and that's looking after people."

When we arrived on the first day of our inspection the manager was not available. A senior member of staff supported us where they could. Another senior member of staff said, "I think we have a really good team and we are very close knit. If the manager isn't on duty we have very experienced staff who are qualified enough to make sure this place is running well." The manager arrived to support the inspection later that day. They showed us records that demonstrated regular audits were being carried out at the home. These included monthly pressure sore, pressure mattress, bedrails, medicines administration and infection control audits. They told us they had learned lessons from previous safeguarding adults concerns and incidents, accidents and near misses. The manager gave us examples where they had used what they had learned to reduce the risk of similar incidents occurring again. On 23 March 2015 we were advised about a safeguarding concern which occurred at the home. The manager had not notified the CQC as required. The manager told us this was due to complex circumstances with the case. At the inspection we checked notifications and found the manager notified the CQC of all reportable incidents relating to the home.

The manager monitored the quality of the service provided. We saw a report from an unannounced night time check carried by the manager at the home to make sure people where receiving appropriate care and support. A recent report recorded that staff were carrying out their duties as required, fire doors were closed, fire exits were clear of obstructions, records relating to people's care and support needs were being updated as required and the home was quiet and peaceful.

The provider's compliance officer carried out regular quality monitoring. They visited the home the day before our inspection and we were told they would produce a report of their findings. We looked at the report from the compliance officer's visit in February 2015. The report considered if the service was safe, effective, care, responsive and well led and included feedback from people using the service and staff. It included audits of medicines, infection control, care plans, complaints, accidents, incident reporting and near misses, the environment and staff training, supervision and appraisals. The report included an action plan with areas for improvement. The manager was able to provide evidence that these actions had been complied with. For example a new administrator had been appointed, a new boiler had been installed, a washing machine had been repaired and the staff training records had been updated.

Staff told us about the support they received from the manager. One told us the manager had an open door policy and they could talk to him any time they wanted to. They said, "The manager is very approachable and rolls his sleeves up. For example, if a person using the service could not get to their activity in the community, they manager would drive them there himself." Another member of staff said, "I feel we are getting somewhere now, we have a manager who cares." Another told us about a newly introduced incentive scheme where members of staff were nominated by colleagues for 'Best worker of the month'. They said the person received shopping vouchers and this was very motivating for staff.

Information about the service was communicated to staff. Staff told us information was shared in staff meetings and daily handover meetings. Staff meetings were held regularly and we saw discussions of care planning, incidents, training, health and safety and quality assurance recorded in the minutes. One member of staff said, "When a problem is raised in a meeting, the manager will jump to it. For example, we were running low on personal protection equipment and he went out and bought some more."

There were regular residents meetings. One person said, "There are resident's meetings and we talk about things

Good

# Is the service well-led?

like meals and activities." We saw the minutes from the April 2015 meeting were displayed on a notice board in the hallway. The meeting was well attended and issues discussed included activities, mini bus outings, and entertainment, life stories, meals and laundry. We also saw the minutes from a March 2015 relatives meeting were displayed on the notice board. This was well attended by relatives and issues discussed included activities and trips, supporting people at mealtimes, making appointments and escorting people to hospital and staffing levels.

People's views about the way the service was delivered were taken in to account. In July 2014 satisfaction survey questionnaires had been distributed to people using the service and their relatives. The manager said they used the feedback from people to improve the quality of service provided at the home. We saw an action plan from the survey and evidence that a number of suggestions made by people and their relatives had been implemented. For example some people were supported to practice their faith within the home, an additional activities coordinator been employed and a number of activities had been arranged for people using the service to attend. The manager told us they had only just sent questionnaires out to people using the service and their relatives for the 2015 survey therefore these results were not available at the time of our inspection.