

Croft Carehomes Limited

Laughton Croft Care Home with Nursing

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 caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Laughton Croft is a nursing home providing personal and nursing care to 24 people at the time of the inspection. The service can support up to 36 people.

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

The environment people lived in did not always meet their needs and was not maintained in a timely way. There had been consistent problems with the central heating system for a number of months impacting on the provider's ability to provide consistent hot water and maintain temperatures at the service in line with government guidelines. Leaks in the roof had caused a hole in the ceiling in one of the communal areas and some furniture in place was not fit for purpose.

The risks to people's safety were not always managed safely. Staff did not always follow guidance in people's care plans to provide care for people and some care plans lacked clarity on the care some people required. Medicines were not always managed safely and due to environmental concerns the risks related to infection prevention were not always well managed.

Although we saw there were quality monitoring processes in place being used effectively by the registered manager to improve standards of care. The processes had not been used effectively to highlight and address the issues we identified with the environment people lived in.

People were supported by adequate numbers of staff and safe recruitment processes were in place. There were systems and processes in place to manage safeguarding issues. People felt safe with the staff who supported them and the registered manager had processes in place to learn from events to improve the care for people at the service.

People were supported by staff who had received relevant training for their roles. People's nutritional needs were managed well by the staff at the service who worked together to provide nutritious and were well presented meals for people. Nationally recognised assessment tools were used to assess their nutritional needs and people told us they enjoyed the food provided.

Staff worked together to effectively manage people's health needs and there was evidence of how staff worked with health professionals to meet these needs.

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 supported by staff who worked in a caring way and people told us they felt comfortable with staff. People's views on their care were considered and where people required support from Advocates, the

registered manager facilitated this support.

People were supported to enjoy social activities of their choice both as part of group and on an individual basis. When people wished to complain about any aspect of their care the registered manager was responsive and people felt their concerns or complaint were taken seriously and well managed.

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 Good (published 4 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

We have identified breaches in relation to safe care and treatment and premises and equipment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

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 ●

Laughton Croft Care Home with Nursing

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

Two inspectors and one specialist advisor attended the service on one day and one inspector returned to the service for a second day.

Service and service type

The Laughton Croft 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.

At the time of our inspection the service had a manager registered with the CQC. A registered manager 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

This inspection was unannounced.

What we did before the inspection

We reviewed information we had about the service prior to our inspection. This included previous inspection reports, details about incidents the provider must notify us about, such as abuse and accidents. We spoke with the local authority quality monitoring team who work with the service.

The provider was not asked to send us a provider information return form prior to the inspection. This is information providers are required to send us yearly with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with five people at the service and two relatives to ask about their experience of the care provided. 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.

We spoke with two members of care staff, the registered nurse, the cook and the activities coordinator. We also spoke the registered manager and the provider and a visiting health professional.

We reviewed a range of records. This included all, or sections of six care records, medication records, and staff files. We also looked at the training matrix, audits, accident records and records relating to the management of the home.

After the inspection

We reviewed further information sent by the service for the report. This included information on the ongoing work related to the environment.

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 people were not always safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- Although the risks to people's safety were assessed, the information in some people's care plans was contradictory and not up to date. We also saw staff did not always follow guidance in the care plans.
- Care plans recorded how people at risk of falling should be supported. We saw one person was frequently attempting to get up and walk and staff did not support them in line with the care plan. Staff told us that they would become unsettled when they needed support with their continence. However, no support was offered to this person showing staff were not responding to known behavioural communication to effectively manage people's safety. This was discussed with the registered manager who felt this incident was not reflective of the way the person was normally supported.
- Care plans contained conflicting information on the care staff should provide to keep people safe from the risk of pressure damage to their skin. Pressure relieving equipment was also not in place to minimise risks.
- People told us they had not always received pressure care in line with their care plan. Staff were using two different systems to monitor the care provided, therefore it was not clear when care which was due at set intervals was required to be given.
- Items which were a risk to people's safety were not stored securely. A thickening agent used to thicken fluids for people at risk of choking, had been left out in the communal kitchen area on one of the units. There was also cleaning products left in an unlocked cupboard under the sink in the same communal area. There were a number of people living with dementia on this unit and these actions put people at risk.
- The majority of medicines were managed safely. However, handwritten information on a medicines administration record (MAR) lacked clarity on the administration of the person's insulin. We raised this with the nurse on duty who made changes to the MAR. On the day of our inspection there was insufficient information to show who had given the instruction in relation to the person's insulin regime. Our inspectors requested staff seek clarification from the GP surgery. When received the instruction differed from the written information on the MAR. Following our inspection we were sent further information from the provider to clarify original instruction. However the lack of information and clarity of instruction on the day of inspection put the person at risk of receiving an incorrect dose of their medicine.

The above issues showed the risks to people's safety were not being managed in line with Regulation 12 of the Health and social Care act 2008 (Regulated Activities) Regulations 2014 providing Safe care and treatment.

- However, the environment was clean, there were regular cleaning schedules in place and staff understood their areas of responsibility.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People at the service were protected from potential abuse as the registered manager had systems and processes in place to manage safeguarding issues.
- People and their relatives told us they had confidence in the staff who supported them. One person told us they felt safe because of the staff who cared for them.
- Staff received safeguarding training to help them recognise potential abuse. There was evidence to show the registered manager had undertaken investigations when concerns had been raised to them. They had worked with local safeguarding teams to ensure people in their care were protected.
- The registered manager worked with staff to ensure learning from incidents and events at the service. This was done at regular staff meetings, supervisions and the daily staff handovers.

Staffing and recruitment

- People were supported by staff in sufficient numbers and the registered manager used a dependency tool to help them establish safe numbers of staff.
- People told us staff provided support when they needed it and we saw staff responding to call bells in a timely way.
- There were processes and practices in place to ensure staff supporting people were recruited in a safe way. The disclosure and barring service was used to ensure potential staff had no criminal convictions and helps employers make safer recruitment decisions when employing staff.

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 now deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The environment people lived in did not always meet their needs and was not always well maintained. The provider had failed to take effective action to resolve issues which affected people's health and well-being.
- Since December 2018 the provider has had problems providing consistent effective heating and hot water on Ruby unit. There had been 32 occasions when the service's maintenance man and plumber had needed to work on or repair the central heating system providing heating and hot water to Ruby unit.
- This affected the provider's ability to provide hot water to the kitchen on occasions. There had also been leaks in pipes and radiators affecting heating and hot water supply in people's bedrooms. This had led to people having to go to Emerald unit for a bath or shower and staff getting hot water from the kitchen to support people with personal care in their rooms. The provider had failed to identify the impact the continual breakdowns had on people's health and wellbeing.
- On the first day of our inspection the central heating system was not working effectively, we found people's bedrooms were not heated to the minimum temperature recommended by the government and public health, of 18 degrees. We recorded a temperature of 16.4 degrees in a person's bedroom which was outside the governments safe range.
- There was a hole in the ceiling in the dining area on Emerald suite. We were told there had been problems with leaks from the ceiling since December 2018. This worsened since heavy rains in early November 2019. This had occurred as there had been a leak in the roof which had been repaired approximately three weeks prior to our inspection. However, the provider was still waiting to check the repairs before addressing the hole in the ceiling, but no date has been given for the repair work to go ahead.
- Some furniture we saw was not fit for purpose. Two dining chairs had arms which were broken and this presented a risk to people if they used the arm of the chairs as purchase when getting up. Two sofas on Emerald unit were low seaters and we saw one person trying to rise multiple times from the sofa only to fall back each time. The person attempted to shuffle to the edge of the sofa and we were required to intervene to support them as there was a risk of them falling without support. These sofas posed a risk to people's safety in relation to falls

This failure to effectively maintain the environment people lived in is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Proper maintenance of premises and equipment.

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

- People's needs were assessed using nationally recognised assessment tools. The registered manager and staff used assessment tools such as the Malnutrition Universal Scoring Tool (MUST) to assist them effectively monitor people's weights.

Staff support: induction, training, skills and experience

- People were supported by staff who received appropriate training for their roles.
- People we spoke with told us staff knew what they were doing when they provided care.
- Staff told us the training was good. One member of staff said, "The training is ok, it's done on line, you can do it at your pace. We do have face to face tissue viability, moving and handling, and fire safety training."
- One staff member who was relatively new to the service told us they received a good induction to their role, and had received supervision support since starting at the service. They said this had been useful.

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

- People's nutritional needs were well managed.
- All the people we spoke with were complimentary about the food they received. The mealtimes we observed were well organised and people received the level of support they needed. This ranged from support with cutting up foods or support to eat. Staff provided this support in a calm and relaxed way
- The cook assisted serving meals and was very knowledgeable about people's diets and preferences. We saw the meals were home cooked and looked very appetising.
- There was good oversight from the registered manager of people's weights. When people required support from health professionals such as dieticians or the speech and language therapy (SALT) team, who assess people who have swallowing difficulties, they had received this support.

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

- People were supported by staff to maintain good health and when it was required they received timely support to see the appropriate health professionals.
- People told us the staff were quick to act if they had any health issues. One person told us they had a nasty cough, and staff made sure they saw their GP and received appropriate medicine.
- During our inspection we witnessed a member of staff discuss one person with the registered manager. They had been monitoring the person and arranged an appointment with their GP. The service's administrator accompanied the person to visit their GP during our inspection.
- People's oral health needs were assessed and they were supported to maintain good oral hygiene.

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 principles of the MCA were followed. Where people required support to make decisions, best interest meetings were held and there was documentation to show decisions had been reached using the least restrictive options.
- Staff showed an understanding of supporting people to make their decisions when possible. We saw examples of staff supporting people to make their own decisions.

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 Good.

This meant people were not always 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 supported by staff who were caring towards them. People felt comfortable not only with the care staff and nurses, but other staff such as the cook and maintenance person.
- We saw one example of the positive relationship between a person and the maintenance person. The person had become agitated and female care staff stood back and allowed the maintenance person to support the person. The registered manager told us the person responded well to male staff and had a good relationship with the maintenance person. She told us the member of staff had requested and undertaken training on supporting people with dementia. Our observation showed the positive effect the interaction had on the person.
- A relative we spoke with told us their family member had been at the service a few months and they were happy with the way staff supported both their relation and themselves. They told us staff always chatted to them letting them know how their family member had been. They felt the staff's attitude towards their relation had helped them to settle at the service.

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

- People's views on their care were discussed with them. We saw information in one person's care plan that showed they wished their relative to be consulted about their care needs
- A relative told us they had worked with staff to build the information on their family members care needs. They told us their views and knowledge of their family member was incorporated into the person's care plan.
- Where people needed support from advocates this was facilitated by the registered manager who told us there were a number of advocacy services used. Advocacy in all its forms seeks to ensure that people, particularly those who are most vulnerable in society, are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was not always maintained.
- As mentioned in other sections of this report the lack of consistent hot water and heating on one of the units meant people did not always have hot water in their rooms to enable to them to wash. This meant staff had to bring bowls of hot water into people's rooms and people needed to go to another unit when they required a shower. This ongoing issue impacted on people's privacy and dignity.
- However, people told us staff did treat them with respect and dignity when they provided care. They gave

examples of staff knocking on doors before entering and when they received personal care ensuring they were covered.

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 now deteriorated to 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;

- Whilst we saw there was good information on people's care needs in some of the care plans other people's care plans lacked detail on how to manage underlying health conditions.
- One person who lived with diabetes lacked a care plan to show how their condition was being managed. We discussed this with the registered manager who told us the way their electronic care plan system worked meant they were unable to produce a specific care plan for the person's diabetes. The management of the different aspects of the person's care would be recorded in different areas of the plan. However we found the information in the different areas was not always accurate or detailed enough to provide guidance for staff to manage the person's condition.
- The registered manager was in the process undertaking audits of care plans to review the quality of information and told us this was something they would be addressing as part of this work.
- People told us they received personalised care from staff. One person who had been admitted recently told us staff had worked with them to manage their needs in the way they wanted. A relative told us their family member sometimes became distressed but staff supported the person in a calm way. They told us their family member struggled to verbalise their needs but staff were patient with them and gave the person time to express their choices. We saw an example of this during our visit.

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 an activities coordinator in post who worked consistently to provide people with activities to prevent boredom and isolation.
- Throughout the inspection we saw people engaged in craft activities and games. Some people simply enjoyed sitting with others and watching activities and other people told us of their favourite activities. One person told us they enjoyed the exercise sessions that were arranged. We also saw pictures of local children visiting the service, something people clearly enjoyed.
- The activity coordinator discussed how they supported people who were nursed in their rooms. They clearly knew what people enjoyed. They read to people or provided manicures, and told us one person just enjoyed them sitting and having a cup of tea and a chat with them.

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.

- People were provided with information in accessible formats to support communication. One person who was deaf but chose not to wear their hearing aids had a white board and staff used this to communicate with the person.
- People who struggled to communicate verbally were provided with pictorial information. The registered manager told us people were encouraged to help choose items they would like to see on the menu and pictures of different meals were used so a wider range of people could be engaged in the process.

Improving care quality in response to complaints or concerns

- People and their relatives were supported to raise concerns and complaints to the registered manager.
- On the first day of our inspection the registered manager had responded to a relative who had raised a concern to her. We saw she had responded in an open and positive way to the relative.
- The relative appeared comfortable raising their concerns and was happy with the way the registered manager had responded to their issues.
- Staff we spoke with were aware of their responsibilities if people raised concerns or complaints to them.

End of life care and support

- Although some people had their end of life wishes recorded in their care plans, some care plans we viewed had no information to show people had been given the opportunity to discuss this aspect of their care. The registered manager told us some people did not want to discuss their end of life, but accepted a record of their wish to decline should be made in their care plans.
- Where information was recorded, this reflected the individualised wishes of people. Such as who they wanted with them and where they wished to be cared for. Where appropriate do not attempt resuscitation (DNAR) orders were in place. These showed discussion had taken place with people or their relatives and health professionals to support any decisions made.

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 required improvement. At this inspection this key question has remained the same.

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

- Although the registered manager worked to monitor the quality of the service and the provider undertook regular quality assurance visits. The concerns we raised in relation to the environment have not been addressed in a timely way through this quality assurance process. As mentioned in other sections of the report the provider had not managed or maintained the environment in a timely way and this impacted of the safety, wellbeing and dignity of the people at the service. The lack of an effective and timely response to the heating and hot water problems from the provider has led to substandard levels of care and put frail and elderly people's health at risk.

This failure to act on the issues raised through the providers own quality assurance processes is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. Good governance assess monitor and improve the quality and safety of the services provided for people.

- However the registered manager's did undertake regular quality audits and analysis of events such as falls, management of people's weights, medicines, privacy and dignity, infection control, and mattress checks.
- They also undertook a daily walk round of the service and highlighted a range of issues such as staffing, care practice issues and issues with the environment. This walk round was used to speak with staff and heads of departments to discuss any issues that had been raised at handover each day.

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

- People and staff told us the registered manager worked to promote a positive person centred culture at the service. One relative said, "[Registered manager] fantastic, so welcoming and understanding." Another relative told us they were happy with the registered manager and how they supported staff to provide personalised care.

- Staff told us the registered manager worked to provide a person centred approach to people's care. One member of staff told us they enjoyed working at the service and the manager had really worked to improve things since she had been in post. They told us morale had improved and staff communicated well with each other. We saw examples of staff discussing people's care with the registered manager and the level of support she provided.

- The registered manager was aware of her responsibilities to keep us informed of significant events at the

service and we had received statutory notifications showing how different events had been managed.

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

- The registered manager used information from people and relatives' quality questionnaires to involve people in the service. There was a "you said we did" board to show what people had raised and what staff had done about their suggestions such as activities for people. Family meetings were also used to feedback issues to people and gain their views on the service
- Staff meetings were held and each member of staff had access to emails so the registered manager could email the minutes of meetings to them and use email as a way of keeping staff updated.

Working in partnership with others

- The registered manager and her team worked collaboratively with health professionals who support people at the service. One health professional we spoke with told us they received good responses from staff when they visited the service. They told us staff knew people well, and the registered manager was approachable and they respond to concerns in a positive way.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Diagnostic and screening procedures	Care and treatment was not always provided in a safe way for people.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment
Diagnostic and screening procedures	The environment people lived in was not always effectively maintained in a timely way provide care that met people's needs.
Treatment of disease, disorder or injury	
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
	Failure of the provider to assess monitor and improve the quality and safety of the services provided for people.