Laurel Residential Homes Limited

Scott House

Inspection report

7 Wareham Road
South Croydon
Surrey
CR2 6LE

Tel: 02086869312

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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?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 18 April 2018 and was unannounced. When we last inspected the service in March 2017 they were meeting the regulations we looked at and we rated the service Good overall and in all five key questions.

Scott House provides care and support for up to 21 adults living with long term mental health needs. There were 14 people living at the service when we inspected it.

Scott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our inspection of the home's environment identified the need for redecoration and refurbishment in a number of different areas of the home because of the potential for infection and the potential risk to people and to their mental well-being. The provider told us they had identified the need for significant refurbishment of the home and had implemented a plan to carry out appropriate works designed to address these needs. We saw evidence of the work already started in the home. A number of improvements were noted. One shower room on the ground floor was refurbished as well as one bedroom on the same floor and the dining room was in the process of refurbishment. The registered manager and the regional manager told us the plan was to complete the works before the end of the year.

People were not always supported by staff who were regularly supervised or appraised.

People told us they felt safe. Staff were trained in adult safeguarding procedures and knew what to do if they considered people were at risk of harm or if they needed to report any suspected abuse.

There were enough staff on duty to meet people's needs and there were always additional staff able to cover in the event of staff absence. Robust employment checks were in place to help to ensure new staff were appropriate to be working with and supporting people.

The risks to people's safety and wellbeing were assessed and regularly reviewed.

People were supported with the management of their medicines and there were regular audits by the management team. People were not always supported by staff who were sufficiently well trained, supervised and appraised.

People's healthcare needs were met and staff supported them to attend medical appointments.

People lived in a comfortable environment which was clean and free of hazards. They were able to personalise their bedrooms as they wished.

Staff had undertaken training in the Mental Capacity Act 2005 and were aware of their responsibilities in relation to people who might be deprived of their liberty. They ensured people were given choices and the opportunity to make decisions.

Throughout the inspection, we observed staff caring for people in a way that took into account their diversity, values and human rights. People were supported to make decisions about their activities in the home and in the community.

Information about how to make a complaint was available to people and their families, and they felt confident that any complaint would be addressed by the management.

Work was being progressed to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

There was a clear management structure at the service, and people and staff told us that the registered manager and deputy manager were supportive and approachable. There was a transparent and open culture within the service and people and staff were supported to raise concerns and make suggestions about where improvements could be made.

The provider did not have effective systems in place to monitor the quality of the service. Where issues were identified they were not always addressed promptly.

During this inspection, we identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report. Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe as the poor state of repair to areas of the building and environment posed a risk to people of infection. The premises were in need of refurbishment and redecoration.

Staff understood how to respond if they suspected people were being abused to keep them safe.

There were good risk management plans in place and staff knew how to manage the risks identified for people.

There were enough staff on shifts to support people and the provider followed robust recruitment procedures.

Staff managed people's medicines safely.

Is the service effective?

Requires Improvement

The service was not always effective. Staff were not always appropriately supported to meet people's needs with training, supervision and appraisals.

People chose what they ate and received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

Staff supported people to access the healthcare services they needed to maintain their health. Staff were aware of their responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring. People valued the care they received and said they liked the staff who supported them. They told us they felt listened to and staff knew their personal preferences and backgrounds.

Staff treated people with respect and protected their privacy and dignity.

They were kind and helpful and knew the people they were supporting.

Is the service responsive?

Good

The service was responsive. People told us they contributed to the assessment and planning of their care. We saw that care was tailored to meet people's individual needs and requirements and aimed at increasing people's independence. Care records were detailed and clear.

Activities were tailored to individual need and people were encouraged to take part in activities of their choice.

People felt able to raise concerns and had confidence the registered manager would listen to their concerns and address them appropriately.

Work was being progressed with people (and where appropriate their relatives and health and social care professionals) to help them discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the period leading up to their death and that staff had the information they needed to make sure people's final wishes would be respected.

Is the service well-led?

Requires Improvement

The service was not always well-led. There was a variety of quality assurance methods in place to check the quality of the service being provided. However these audits of the home were not always effective in ensuring change was implemented as required.

Staff were appropriately supported by the registered manager.

There was open communication within the staff team and staff felt comfortable discussing any concerns.

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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 checked 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. This inspection took place on 18 April 2018 and was unannounced. The inspection was conducted by a single inspector.

Before the inspection the provider completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the service, including statutory notifications that the provider sent us. A statutory notification is information about important events which the provider is required to send us by law.

During the inspection we spoke with seven people who used the service, three members of staff, two health and social care professionals and the registered manager. We looked at three people's care files and four staff files which included staff recruitment, staff training and supervision. After the inspection we spoke with three relatives of people.

Requires Improvement

Is the service safe?

Our findings

People told us that they felt safe living at Scott House. One person told us, "I feel safe here alright. Actually I feel much better here; it's helping me to get well again." Another person said, "It's where I live and I am happy here, I have my own bedroom, I like it." One of the health and social care professionals we spoke with told us, "People are safe here, the support they get is good, safe care."

We undertook a tour of the premises together with the registered manager and we spoke with people about their accommodation. One person told us the building needed "a good going over with the paint brush." Another person said, "This is an old building and so are the decorations. It needs a refresh."

Our inspection of the premises demonstrated a building much in need of re-decoration and refurbishment. Many areas of the home's decoration and other facilities were tired and worn.Examples of this were seen by us in corridors, halls and landings, bathrooms and bedrooms doors where paintwork was chipped and flaking. We saw there is also a risk to people of infection arising in the bathrooms and in the kitchen where tiles were missing and mould was seen to be growing.

We raised this with the registered manager and with the regional director who both acknowledged the need for redecoration and refurbishment. They told us a programme of renovation was already implemented for general refurbishment of the home over the next 12 months including all the areas of concern we noted. We saw that work had started on the ground floor level with a newly painted dining room and new wallpaper being put up in that room on the day of our inspection. The ground floor shower room and a bedroom were also newly refurbished and the registered manager told us this was the standard to be achieved in the rest of the house.We will monitor progress of the work at our next inspection or sooner if we receive concerns that the work is not progressing as planned.

This is a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with said they felt able to raise concerns with either the staff or the registered manager. They provided examples where they had concerns. They said the issues they raised were listened to by staff with concern and dealt with quickly. This helped people to feel safe living in the home. Both of the health and social care professionals we spoke with told us if any concerns were raised they were always dealt with appropriately with people and this helped them to be safe.

Staff were aware of safeguarding issues and knew how to proceed if they had any concerns. They were able to tell us about the possible forms of abuse people might experience and they were well aware of the correct procedures to follow in these circumstances. All the staff we spoke with said they would report any concerns they had directly to the registered manager or to the social services if they thought this was necessary. Staff were confident to whistle blow if the appropriate actions were not taken.

Risks for people were assessed and risk management plans developed with people to reduce any identified

risks while at the same time minimising any restrictions that were necessary to keep them safe. An example of this we saw was for one person who wanted to travel in the community independently using public transport. Staff informed us the risk management plan enabled the person to make regular trips out independently and safely. Staff told us that when someone expressed a wish to do something that might present a risk for the person, they always tried to reduce the risk and enable them to do it. We saw that people were involved in the risk assessment procedure and we saw that risk assessments were provided in a suitable format so that people could understand it.

On the day of the inspection we saw there were enough staff to keep people safe, meet their needs and provide a person centred approach to people's care and support. Staff had time to sit and talk to people and engage them in some activities. Where appropriate some people had one-to-one staffing provided. The registered manager stated that staffing levels were based on the needs of the people who lived at Scott House. If people's needs increased or there were special events arranged then staffing levels were increased accordingly. This meant that there were sufficient numbers of staff working with the knowledge, skills and support they required.

There were effective recruitment practices in place. Staff recruitment checks included a criminal records check and satisfactory employment and personal references. These arrangements helped to protect people against the risk of being cared for by people deemed as being unsuitable by the provider.

People received their medicines safely and as prescribed. People's medicines were stored in a locked medicine cabinet which was well organised. Staff recorded medicines administration onto people's individual medicines administration record [MAR] charts. We reviewed the MAR charts for each person and found there were no gaps in recording. Where people were prescribed 'when required' medicines protocols were in place to help ensure their safety.

Staff told us they completed safe administration of medicines training. Records we saw confirmed this. The registered manager told us all staff completed an annual competency assessment to ensure that they were following the correct procedures when administering medicines.

The registered manager showed us the incident and accident records. We could see that appropriate details were recorded for any incidents or accidents that happened. The manager told us they reviewed the records to see if any trends might be identified that informed them of appropriate action to take to avoid the same things happening again.

Requires Improvement

Is the service effective?

Our findings

The provider's supervision policy stated that staff should receive supervision at a minimum on a quarterly basis. However, records showed that this had not taken place consistently for staff within the home. We recommend that the provider reviews their systems for the formal supervision of staff to ensure that all staff have access to regular formal supervision in line with their supervision policy.

Staff were supported through a comprehensive induction before they started working within the home. One member of staff told us "When I first started I was able to shadow and work alongside staff until I felt confident to go it alone."

When we reviewed supervision records we saw there was no record of the work staff did with people to implement and monitor progress with their care plan objectives. For example for one meeting the supervisor had recorded not applicable under each topic header. The impact for this on people living in the home is that their care and support may not be being provided to fully meet all their needs. We addressed this with the registered manager and another senior member of staff who had recently started supervising people. The registered manager recognised the importance in supervision of discussing direct work with people and the progress being made or not and agreed to restructure the format of formal supervision to include these topics of discussion.

One staff member told us, "I have had some formal supervision with the manager and I get a copy of the notes for my information and sometimes actions." Other staff told us they felt supported and were provided with an opportunity to address any issues and discuss any areas for improvement.

The records we saw provided for us demonstrated that some staff received an annual appraisal. This provided an opportunity for staff and their manager to reflect on their performance and identify any training needs.

Records evidenced people's care and support was assessed before they started using the service. Assessments were comprehensive and people, their relatives and health and social care professionals were involved in discussions about the care and support they were to receive. People told us that they were consulted before they moved in and they had felt listened to. The healthcare professionals we contacted said that the staff team provided a service which met people's individual needs and they had no concerns. They told us they were fully involved in arranging and monitoring people's care on a regular basis sometimes weekly.

People were supported by staff who had the appropriate skills and experience. All the staff we spoke with told us they completed an induction process that included shadowing more experienced staff members. They told us they felt well supported by the registered manager. One staff member told us, "When I started here I had a good induction from the registered manager and this helped me find my way around quite quickly."

Staff received training the provider had identified as mandatory. This included safeguarding, the safe administration of medicines, manual handling, mental health awareness, and the Mental Capacity Act. It did not however include health and safety, infection control, fire awareness and food hygiene. Staff prepared and served up food for people who use the service at the weekend so food hygiene and infection control would provide important information for staff to follow to help keep people safe. The registered manager acknowledged this and immediately booked staff training to be held for these topics in May 2018.

We saw training certificates that showed staff also undertook training specific to the needs and conditions of the people who used the service which included working with complex and challenging behaviours, end of life care and equality and diversity. One staff member said, "We do get a lot of good training here and it all helps our work with people". We noted that some of the training was delivered by e-learning and the rest was classroom based training. Another member of staff said, "I have completed training in numerous courses that have really helped me with my work."

People told us they had good food and sufficient to drink. We spoke with the housekeeper who amongst other household tasks did the shopping, meal preparations and cooking for people during the week. She told us people were asked what they would like to eat and they were able to choose from a range of healthy options. People received the support they required to meet their assessed nutritional needs. Where people required support to eat this was stated in care records and followed by staff.

People were supported to maintain good health. The service maintained a close working relationship with healthcare professionals to ensure people's needs were met in a timely way. Both the healthcare professionals we spoke with told us liaison between staff and themselves was very good. They said where people presented with health needs staff made referrals and appointments for people and supported their attendance at them. People's health needs and the input they received from health professionals were recorded in care records and reviewed.

Health and social care professionals told us they were kept fully informed by the staff of people's progress. They said healthcare appointments for people were maintained appropriately. Care files confirmed all the people were registered with a local GP and had regular health checks as and when they needed them. People's health care needs were also well documented in their care files.

The MCA provides a legal framework for making particular decisions on behalf of people who use the service and 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 be as least restrictive as possible.

Assessments were undertaken to establish people's capacity to consent to aspects of their care and support as they arose. 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. We checked whether the service was working within the principles of the MCA. Consent was sought before support was offered and we saw evidence that people were consulted in all aspects of their care and support. Some of the people using the service had capacity and some did not. Where appropriate applications were made to the local authority for an assessment to be carried out. We saw no evidence that people were being deprived of their liberty. This indicated that care and support was being delivered according to the principles of the MCA.

Staff were knowledgeable about the principles of the MCA and were able to tell us what they would do if they noticed that a person lacked the capacity to make decisions about their care and support. They told us

they encouraged people to remain as independent as they could be. People confirmed that staff gave them the chance to make daily choices. We saw evidence of this throughout the day of our inspection.

Good

Is the service caring?

Our findings

People, their relatives and other professionals told us they thought staff were kind and caring. One person said, "The staff are very kind, they have really done their best to help me. I am actually starting to feel a little better now" Another person said, "The staff and the manager are kind and caring. They sometimes have quite a difficult job here with some of the people they are looking after and they do well you know."

One relative told us, "Staff seem to be caring, they do keep us well informed and things don't seem to trouble them much." Another relative said, "I don't see my [family member] much but I am sure staff care for them well and I am pleased they are there." We observed people were relaxed and comfortable with staff and staff were talking and laughing with people throughout our visit.

Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. From our conversations with staff they seemed to really enjoy their jobs and spoke about people with enthusiasm and warmth.

Care records were person centred. From the records we examined we saw people were seen and treated as individuals. Records contained detailed information about people's different needs, their life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, what activities they enjoyed and what was going well for them and what could go better. One person told us how much they loved playing bingo every Saturday, arranged by staff for them.

People were consulted during regular monthly house meetings and individual meetings with their keyworker. A keyworker is an allocated member of staff who has particular responsibilities for one person or a small group of people. They were able to discuss any concerns and contribute to ideas about the running of the service, what activities they wanted and where they would like to go on holiday. People were supported with their cultural and spiritual needs. People who wanted to go to church were supported to do so. For example, at the time of our inspection one person told us how much they enjoyed going to church on a Sunday and staff told us how they helped to enable this to happen for the person.

Some of the people had contact with their relatives who occasionally visited. People were able to make their own decisions about their daily lives and the level of support they needed. All the people using the service were able to communicate well verbally and staff involved them in house meetings and individual discussions. The registered manager told us they had not needed to use an advocacy service recently, but would provide the necessary information to people if they needed it. We saw information about the local advocacy service displayed on the notice board for people to see.

People's privacy, dignity and independence were promoted, staff gave us examples of the ways they respected people's privacy and dignity and we observed this during our inspection. The registered manager explained how they were able to provide updates and training during staff meetings and observe the day to day care staff provided to ensure people were supported in a dignified way.

People's relatives and the health and social care professionals we spoke with all told us when they visited they were made to feel welcome.

Good

Is the service responsive?

Our findings

People and the health and social care professionals we spoke with told us they were central to the process of drawing up care plans and the reviews of these plans. Our inspection of people's care files evidenced what we were told by people. We saw that the method used to structure people's care was person centred and placed the person at the centre of their care plan.

The care plans we inspected were comprehensive in that they covered people's physical, mental, emotional and social needs. Most were signed by people to demonstrate their agreement with what had been written in their care plans. We saw that people were encouraged and supported to maximise their independence wherever possible so as to improve their quality of life. This was an important part of the care planning process.

We saw that each person had a variety of activities that involved them both within the service and outside in the community. Each person had a weekly timetable for their activities that set out what they were scheduled to do on a daily basis. Staff told us these activities were determined by people who chose what they wanted to do and included going to church, attendance at a day centre, going to the pub, shopping and seeing family and friends. One person told us they enjoyed their activities and were able to choose what they wanted to do. The registered manager told us activities were tailored to meet specific individual needs.

We looked at how complaints were managed. We noted the service had a complaints procedure in place. The complaints procedure was on display in the main hall that helped to clarify the process for those who might need it. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. We saw complaints and compliments forms were easily accessible to anyone who needed or wanted to use them.

People and relatives we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. People using the service told us they knew what to do if they had a complaint.

From our inspection of people's care files we saw work was started together with relatives and health and social care professionals to help people discuss and record their wishes for end of life care. For example whether people wanted to be cared for in the home or a hospital or hospice. This was to ensure people had a choice about what happened to them and that staff had the information they needed to make sure people's wishes would be respected.

Requires Improvement

Is the service well-led?

Our findings

Staff told us they felt supported by the registered manager. One member of staff told us, "I feel well supported by the manager. It's a good team here and I enjoy working in this home." Another told us, "A lot of the staff and the people living here have been here for a good few years, so it is like a large family and a nice supportive place to work." Staff we spoke with said the service had an open culture and they felt able to share their views. The registered manager organised regular team meetings on a monthly basis. We read the records of the last two team meetings. These showed that staff discussed people's needs and improvements to the service.

We noted the registered manager had been in post for more than 10 years and had gained good management experience and knowledge of the service. We saw they had relevant and appropriate qualifications to manage this service. The registered manager told us they attended regular meetings with their service manager and the local authority in order to keep up to date with developments and good practice within the health and social care sector.

Our inspection of the home's auditing procedures revealed concerns that identified issues were not being dealt with soon enough to reduce the negative impact on people's mental well-being and to improve more general living conditions for people. We were also concerned that the audit procedures did not pick up other concerns we had with staff supervision and care planning for people.

The registered manager completed weekly and monthly audits which were sent to head office. We saw from inspection of the latest reports the audits covered a wide variety of service areas including the environment, safeguarding, health and safety, infection control and the management of medicines. Previous audits picked up the need for general refurbishment throughout the home and some works were seen to have been started such as the two refurbished bedrooms and the lounge. However it was evident that the issues to do with the environment had needed to be addressed for some time before this inspection and well before the new works were started. In addition to this the home's audit procedures had not identified deficiencies with the quality of staff supervision.

We saw evidence that people, their relatives and other professionals associated with people's care were consulted about a range of aspects of the care they received through quality assurance questionnaires. We viewed questionnaires sent out earlier in May / June 2017. Returns from people were positive about the service. The registered manager showed us the analysis of the feedback information which we saw was overall positive. They said the intention was to ensure that any areas identified that needed improvement will form part of an action plan for service development.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

The registered manager understood the legal responsibilities of their registration with CQC and the

requirement to keep us informed of important events through notifications when required.

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 15 HSCA RA Regulations 2014 Premises and equipment Premises required re-decoration and refurbishment. Many areas of the home's decoration and other facilities were tired and worn. There is also a risk to people of infection arising in the bathrooms and in the kitchen where tiles were missing and mould was seen to be growing.