Care UK Community Partnerships Ltd

Laurel Dene

Inspection report

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12 May 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection that took place on 9, 10 and 12 May 2017.

Laurel Dene is a nursing home providing care and support for up to 99 older people, who may have dementia. The service is located in the Hampton area of west London and owned and managed by CARE UK.

The home 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 and associated Regulations about how the service is run.

In March 2015, the area of safe required improvement with a recommendation that the home reviewed its staffing numbers and the method used to calculate the staffing numbers required. The home had carried out this review at this inspection. The other areas of effective, caring, responsive and well-led were rated good and there was an overall rating of good.

People and their relatives told us that this was a nice place to live and staff provided good support and care that was delivered in a respectful way. People were given the opportunity to do what they wanted and joined in the activities provided if they wished.

The staff team made the home's atmosphere warm, welcoming and inclusive. Visitors during the inspection told us that they were made welcome, but sometimes there were communication issues. They felt that the home provided a safe environment for people to live and work in, although sometimes it could be a little impersonal. This depended upon who the staff on duty were. The home was well maintained and clean. The décor was currently acceptable although it could be better focussed on the needs of people in the dementia areas.

There were up to date records kept and the care plans contained clearly recorded, fully completed, and regularly reviewed information. This enabled staff to perform their duties appropriately.

Most staff knew the people they worked with including their likes, dislikes, routines and preferences, although sometimes they were more focussed on getting tasks done, due to time constrictions. This varied depending upon people's needs and the time of the day. The home had worked hard to reduce the use of agency staff, by recruiting permanent staff. During our visit depending on which unit, most people received the same attentive service and everyone was treated equally, although there was a task rather than person prioritisation, on some units. However, even when the prioritisation was task orientated, staff carried out their duties in a kind and caring way. Staff had appropriate skills, qualifications and were focussed on providing individualised care and support in a professional, friendly and compassionate way. Whilst professional they were generally accessible to people using the service and their relatives. However it was

noted that communication between different floors was intermittent and we did see one unit try to contact another for 10 minutes without the internal phone being answered. This was not an isolated incident, although may arise from staff being busy.

Staff said they had access to good training, support and career advancement.

People were protected from nutrition and hydration associated risks with balanced diets that also met their likes and preferences. They said the choice of meals and quality of the food provided was very good. People were encouraged to discuss health needs with staff and had access to community based health care professionals, if they required them. People, we saw, were generally prompted to eat their lunch or drink in a timely manner.

The home's management team were approachable, responsive, encouraged feedback from people and consistently monitored and assessed the quality of the service provided.

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.

People and their relatives told us that they felt safe and were well treated. There were effective safeguarding procedures that staff understood, used and assessment of risks to people were in place.

There was evidence the home had improved its practice by learning from incidents that had previously occurred and there were enough staff to meet people's needs.

People's medicine was safely administered; records were completed and up to date. Medicine was regularly audited, safely stored and disposed of.

Is the service effective?

Good

The service was effective.

Staff were well trained.

People's needs were assessed and agreed with them.

Specialist input from community based health services was provided.

Care plans monitored food and fluid intake and balanced diets were provided.

The home had Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) policies and procedures. Training was provided for staff and people underwent mental capacity assessments and 'Best interests' meetings were arranged if required.

Is the service caring?

Good

The service was caring.

People said they felt valued, respected and were involved in planning and decision making about their care. People's

preferences for the way in which they wished to be supported was clearly recorded.

Staff provided good support, care and encouragement. They listened to, acknowledged and acted upon people's opinions, preferences and choices. People's privacy and dignity was also respected and promoted by staff.

Care was centred on people's individual needs. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

Is the service responsive?

Good

The service was responsive.

People chose and joined in with a range of recreational activities. Their care plans identified the support people needed to be involved in their chosen activities and daily notes confirmed they had taken part.

People told us that any concerns raised were discussed and addressed as a matter of urgency.

Is the service well-led?

Good

The service was well-led.

The service had a positive and enabling staff culture. The manager encouraged people to make decisions and staff to take lead responsibility for specific areas of the running of the service.

Staff said they were well supported by the manager.

The quality assurance, feedback and recording systems covered all aspects of the service constantly monitoring standards and driving improvement.

Laurel Dene

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 was an unannounced inspection and took place on 9, 10 and 12 May 2017.

The inspection was carried out by one inspector on the first and second days and two inspectors on the third day.

There were 95 people living at the home. We spoke with 20 people using the service, eight relatives, 16 staff, the registered manager and health professionals who had knowledge of the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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 also considered notifications made to us by the provider, safeguarding alerts raised regarding people living at the home and information we held on our database about the service and provider.

During our visit we observed care and support provided, was shown around the home and checked records, policies and procedures. These included the staff training, supervision and appraisal systems and home's maintenance and quality assurance systems.

We looked at the personal care and support plans for ten people using the service and eight staff files.

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.

Good

Is the service safe?

Our findings

People and their relatives felt that the care and support provided was done so in a safe environment. One person said, "I feel very well looked after." Another person told us, "I feel it's a nice place to be and very reassuring to know there are people around to help at any time." A relative commented, "Generally I think people are safe living here."

Staff had received appropriate safeguarding training, were aware of when a safeguarding alert needed to be raised and how to do so. Safeguarding information was also provided in the staff handbook. There was one safeguarding alert that had been investigated and closed the week prior to the inspection. Previous safeguarding issues were suitably reported, investigated, recorded and learnt from. Staff had been trained in what constituted abuse, understood what was meant by it and the action to take should it be encountered. The home had policies and procedures regarding protecting people from harm and abuse and staff confirmed they had access to them. They told us protecting people from harm and abuse was one of the most important things they did and part of their induction and refresher training. Throughout the home there were leaflets and notices which described what safeguarding was, about how to report concerns and what to do if there was a concern that someone was being abused.

People's care plans contained assessments of risks to them and this enabled them to enjoy their lives in a safe way. Identified risk areas encompassed all areas pertinent to the individual and included their health, daily living and social activities. The risks were coded green, amber and red denoting level of risks. The risk assessments were reviewed a minimum monthly and updated when people's needs and interests changed. Staff shared relevant information, including any risks to people during shift handovers, staff meetings and as they occurred. There was also accident and incident records kept and a whistle-blowing procedure that staff were aware of and knew how to use. One staff member told us, "We discuss the people at handover for the next shift and make sure everyone is aware of any issues."

There were general risk assessments for the home and equipment used that were reviewed and regularly updated. The home's equipment was regularly checked and serviced. The home and its garden were clean and well maintained, although the décor in the communal areas of the dementia units could be made more user-friendly for people with dementia. At the entry to each unit of the home there were hand-wash and sanitisers for everyone to use.

There was a thorough staff recruitment procedure with all stages of the process recorded. Staff recruitment was undertaken by the organisation's HR department. The process included advertising the post, providing an application form, job description and person specification. Prospective staff were short-listed for interview. The interview contained scenario based questions to identify people's communication skills and knowledge of the field in which the home provided a service. References were taken up, Disclosure and Barring Services (DBS) security checks carried out prior to staff starting in post and there was a three month probationary period. In the case of nurses employed their registration was checked to make sure it was up to date. Work history was checked and an explanation required for any gaps in it. The home had disciplinary policies and procedures that staff confirmed they understood.

During our visit we saw that there was enough staff to meet people's needs and support them to do what they wanted, although this was sometimes rushed during busy periods such as lunch on one of the dementia units. Even though busy, the carer workers were attentive, reassuring and people were supported safely when moving around the home. Some carers had more developed communication skills than others, better understood their roles and the way people required support. An example of this was on one dementia unit where some carers took time to explain to people what their choices were and the meals they were eating to re-assure them whilst others silently fed people without explanation and sometimes before people were ready to take their next mouthful.

The staff rota showed that support was flexible to meet people's needs and there were suitable arrangements for cover in the absence of staff due to annual leave or sickness. This was through permanent staff being offered extra shifts and the use of bank and agency staff. The home had made great efforts to recruit permanent staff and the level of agency staff had been reduced accordingly. The registered manager said that whenever possible the same agency staff were used as they were familiar with people using the service, their likes and dislikes and routines. However one relative told us, "There is still a problem with staff continuity, language barriers and this has led to fluctuation in the quality of care. Sometimes staff don't introduce themselves and say what they are doing."

Medicine was safely administered to people using the service. The nursing staff who administered medicine were appropriately trained and qualified to do so with regular refresher training. They also had access to updated guidance. The medicine records for all people using the service were checked and found to be completed and up to date. This included the controlled drugs register that had each entry counter signed by two staff members who were authorised and qualified to do so. A controlled drug register records the dispensing of specific controlled drugs. Medicine kept by the home was regularly monitored at each shift handover and audited monthly. The drugs were safely stored in a locked facility, records of the temperature of fridges where medicine was stored were kept and medicine was appropriately disposed of if no longer required. There were medicine profiles for each person in place.

Good

Is the service effective?

Our findings

During the inspection people made decisions about their care and what they wanted to do. The level of input into decision-making varied depending on people's capacity to do so. For example people on the residential units were encouraged to be fully involved in and take control of decisions about their lives, whereas people with less capacity due to dementia or illness were supported to make decisions on a more basic level, appropriate to them. In all instances relatives or people's representatives were encouraged to be involved in the decision-making process, although some thought the information shared with them by staff, could be improved depending on who was on duty. The degree of involvement varied with some staff more aware of people's specific needs and how to meet them. People and their relatives said staff mostly provided a comfortable, relaxed atmosphere that they enjoyed and the type of care and support needed. It was delivered in a friendly, enabling and appropriate way that people liked. One person said, "The staff carry out their jobs in such a smooth manner. They are forever on the go but seem to do things so smoothly." Another person told us, "They ask me what I need doing and I tell them. They are great." A relative said, "Most staff try really hard."

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. The application procedures for this in care homes and hospitals are 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 were being met. Mental capacity was part of the assessment process to help identify if needs could be met. The MCA and DoLS required the provider to submit applications to a 'Supervisory body' for authority. Applications had been submitted by the provider, all applications under the DoLS had been authorised, and the provider was complying with the conditions applied to the authorisation. Best interests meetings were arranged as required. Best interests meetings took place to determine the best course of action for people who did not have capacity to make decisions for themselves. The capacity assessments were carried out by staff that had received appropriate training and recorded in the care plans. Staff received mandatory training and understood their responsibilities in relation to the MCA and DoLS. Staff continually checked that people were happy with what they were doing and activities they had chosen throughout our visit.

Staff received induction and annual mandatory training. They were provided with an induction booklet and the induction was comprehensive, included core training aspects and information about staff roles, responsibilities, the home's expectations of staff and the support they could expect to receive from the home. All aspects of the service and people who use it were covered and new staff spent a minimum of two weeks shadowing more experienced staff. This increased their knowledge of the home and people who lived there. There was a training matrix that identified when mandatory training was due. Training encompassed

the 'Care Certificate Common Standards' and included infection control, manual handling, medicine, food safety, managing challenging behaviour, equality and diversity and health and safety. There was also access to more specialist training to meet people's individual needs, such as dementia, pressure ulcer awareness and end of life care. Two monthly staff meetings included opportunities to identify further training needs. Quarterly supervision sessions and annual appraisals were also partly used to identify further training requirements.

The care plans included sections for health, nutrition and diet. Full nutritional assessments were done and updated regularly. Where appropriate weight charts were kept and staff monitored how much people had to eat. There was information regarding any support required at meal times. Each person had a GP and staff said that any concerns were raised and discussed with the person's GP as appropriate. Nutritional advice and guidance was provided by staff and there were regular visits by community based health care professionals. People had annual health checks. The records demonstrated that referrals were made to relevant health services as required and they were regularly liaised with. People's consent to treatment was regularly monitored by the home and recorded in their care plans.

People told us they thought the food was very good with plenty of variety and choice. One person said, "I've just had lunch, it was really good." A relative told us, "The chefs are excellent." On one dementia unit, lunch was quite task focussed and the level of explanation and enhancement of the meal as a pleasurable experience depended upon which member of staff was supporting people to eat. Some were excellent, chatting to people, taking time to explain what the meal was, what they were eating and supported people to eat at their own pace and enjoy it. Other staff had little conversation with people and treated their meal experience as a task to be completed. This was not in a nasty way, more dispassionate. In these instances the body language and speech of people did not indicate that they were distressed or enjoying the experience, whereas the more positive input by other staff was reflected in the positive responses of people.

On another unit, staff explained to people any help that was going to be provided, such as supporting them to eat or helping them walk from one part of the home to another. When assisting people who were in wheelchairs or sitting in a low chair, staff would ensure they faced people and approach them at their level before assisting them.

Good

Is the service caring?

Our findings

People we spoke with were very positive in their comments about the caring nature of staff. One person told us, "The girls are so lovely." Another person said, "The manager and the nurses are so friendly and can't do enough for you." One person told us how the staff discussed his care with them and another person told us they were happy that staff respected their privacy, saying, "There are always invites to do this and that, but if you want to just be left alone they respect that."

Some staff knew people better than others and were more aware of their needs and preferences. This varied from unit to unit and depended to a certain extent on how long they had been in post and the unit setting and care focus. It tended to be more task focussed on the nursing and dementia units than the residential ones. Consequently people on the residential units and their relatives tended to be more satisfied with the care provided than those on the dementia and nursing units, although this was not exclusive. They said that the vast majority of staff tried hard to provide a comfortable, relaxed and enabling atmosphere for people and were committed to their care.

Most people we spoke with expressed their satisfaction with the home, the staff and their care. People and their relatives said that staff treated people with dignity, respect and enabled them to maintain their independence whenever possible. The staff met their needs; people enjoyed living at the home and were supported to do the things they wanted to. Staff were mainly friendly, helpful, listened and acted upon people's views and people's opinions were valued. The positive care practices we saw easily outnumbered the more negative ones during our visit. More established staff knew the people they were caring for, called them by their name and interacted with them in a friendly and appropriately familiar way. They were able to tell us general things about people, if appropriate their level of dementia, their engagement, and likes and dislikes and were skilled and caring. They also made the effort and encouraged people to enjoy their lives.

Staff had received training about respecting people's rights, dignity and treating them with respect that underpinned many of their care practices. People were encouraged to have their say and join in activities if they wished but not pressurised to do so. More experienced staff, who had time made sure people were involved, listened to and encouraged to do things for themselves, where possible. They facilitated good, positive interaction between people using the service and promoted their respect for each other.

During the inspection we observed staff interacting with people in a friendly and professional manner. People were encouraged to have drinks and staff allowed people the time they needed to communicate their needs. More experienced staff spoke in a way and at a speed that people could comfortably understand and follow. They were aware of people's individual preferences for using single words, short sentences and gestures to get their meaning across. During quieter periods staff spent time engaging with people, talking in a supportive and reassuring way and projecting positive body language that people returned.

The home also had a confidentiality policy and procedure that staff were aware of, understood and followed. Confidentiality was included in induction, on going training and contained in the staff handbook.

There was a visitor's policy which stated that visitors were welcome at any time with the agreement of the person using the service. People said they had visitors whenever they wished, and they were always made welcome and treated with courtesy. This was also the case when we visited.

Good

Is the service responsive?

Our findings

People and their relatives said that they were asked for their views and opinions by the home's manager and staff. They were given time to decide the support they wanted, when and where practicable. It was mainly delivered in an appropriate way that people liked by friendly staff. If there were any problems, they were mostly resolved quickly. People were supported and enabled to enjoy the activities they had chosen. One person said, "If I have any worries I can talk to the manager or one of the girls. They are always happy to talk to you and sort things out." During the inspection we observed examples of people approaching staff or the manager for assistance or with questions. These were responded to in a clam and unrushed manner.

People were confident that staff would respond promptly to their needs and take their views into account. One person told us, "If ever I have needed anything, I just call. If there's no one nearby I use my buzzer (alarm call button on a lanyard)." Staff we spoke with were able to describe how they tried to provide care in a responsive and person centred manner. One staff member said, "It's like doing things for your own family. If you were doing something for your mum, you would ask and check that that is what they wanted." However, there did appear to be some issues regarding responses and communication between the units. One unit tried to contact another for eight minutes without the internal phone being answered. We were told this was not an isolated incident, although it may have arisen from staff being busy. On the nursing unit the call alarm bell was sounding for about 10 minutes continuously. On investigation it was activated in an unoccupied room and some staff were unclear about how to switch it off as this had to be done in two separate places.

The manager said that before anyone moved in, they and their relatives were provided with written information about the home and organisation that outlined what they could expect from the home and what the home's expectations of them and their conduct was. The home requested assessment information from service commissioners and hospital or a previous care home if they were being transferred. The home also carried out its own assessments. These assessments identified if people's needs could be met and if so people were invited to move in if they wished. This was after people and their relatives had been invited to visit, to see if they liked the home. They could visit as many times as they wished so they could decide if they wanted to move in.

People's care plans were based on the initial assessment, other information from previous placements and information gathered as staff and the person became more familiar with each other. The care plans were comprehensive, up to date and contained sections for all aspects of health and wellbeing. They included consent to care and treatment, medical history, mobility, dementia, personal care, recreation and activities and last wishes. The care plans were underpinned by risks assessments and reviewed by care workers and people using the service. Daily notes identified if chosen activities had taken place. There was also individual communication plans and guidance. Although focussed on the individual some of the care plans were a work in progress with scant information being gathered regarding people's 'Social and life histories'. In some instances those that did contain information could have been used better to improve people's quality of life. An example of this was one person had worked in the aircraft industry and lived in Bermuda. Their room did not reflect any of these aspects of their life and when asked if they would like things in their room

to reflect this, they said yes. The home did then purchase a book regarding aircraft.

There were a number of activities available on a daily and weekly basis as well as visiting entertainers and there was an activities co-ordinator. Activities included arts and crafts, gardening, enjoying the garden, reminiscence sessions and cookery. There were also coffee mornings and young people from the local college were also invited to visit.

People told us they were aware of the complaints procedure and how to use it. The procedure was included in the information provided for them. There was a robust system for logging, recording and investigating complaints. Complaints made were acted upon and learnt from with care and support being adjusted accordingly. There was a whistle-blowing procedure that staff said they would be comfortable using. They were also aware of their duty to enable people using the service to make complaints or raise concerns. Any concerns or discomfort displayed by people using the service were attended to sensitively during our visit. We observed examples of people approaching staff or the manager for assistance or with questions. These were responded to in a calm and unrushed manner.

Good

Is the service well-led?

Our findings

People and their relatives told us the manager was approachable and made them feel comfortable. One person said, "Things work smoothly. The place is well run." Another person told us, "The manager is lovely. She's always walking round and she says hello to everyone." A relative told us, "I have experienced good access to the manager." They also confirmed the manager held relatives open meetings each Thursday.

During our visit there was an open, listening culture with staff and the manager paying attention to and acting upon people's views and needs. It was clear by people's conversation and body language that they were quite comfortable talking to the manager; equally as they were with the staff team. People we spoke with told us they felt the service was well managed. Although none could remember a specific instance of having been formally asked their opinion of the service, either through questionnaires or surveys, everyone was able to speak of times when they had spoken with staff or the manager. There were quarterly surveys of people who use the service on record and there were monthly meetings.

The organisation's vision and values were clearly set out. Staff we spoke with understood them and said they were explained during induction training and regularly revisited. The management and staff practices reflected the vision and values as they went about their duties. People were treated equally, with compassion, listened to and staff did not talk to them in a demeaning way.

Staff told us the manager was supportive. Their suggestions to improve the service were listened to and given serious consideration. There was a whistle-blowing procedure that staff had access to and said they would feel comfortable using. They said they really enjoyed working at the home. A staff member said, "Help and support are readily available and I really like it." Another staff member told us, "We generally try and have the same staff for each floor, and the move away from using too many agency staff has helped consistency." The records we saw demonstrated that regular quarterly staff supervision, staff meetings and annual appraisals took place.

There was a clear policy and procedure to inform other services within the community or elsewhere of relevant information regarding changes in need and support as required. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

There was a robust quality assurance system that identified how the home was performing, any areas that required improvement and also those where the home was performing well. This enabled any required improvements to be made. Quality audits included medicine, health and safety, daily checklists of the building, cleaning rotas, infection control checklists and people's care plans. Policies and procedures were audited regularly. There were also shift handovers that included relevant information about people using the service.