Caring Homes (Salisbury) Limited

Laverstock Care Centre

Inspection report

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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

About the service
Laverstock Care Centre is a nursing home in Salisbury. Accommodation is provided over three floors for up to 80 people some of whom live with dementia. Each floor had two separate units with their own lounges and dining areas. All rooms have their own en-suite facilities. At the time of our inspection there were 63 people living at the home.

People's experience of using this service and what we found
People's care was delivered by sufficient numbers of staff on duty. Staff had been recruited following safe systems to carry out the required pre-employment checks. Staffing numbers were kept under review by the registered manager and increased if needed. People benefited from safe systems of medicine management and their medicines were administered as prescribed. People told us their medicines were given to them on time. Risks to people and the environment had been assessed and there were management plans in place. Staff kept these all under review and changed them if needed.

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 cared for by a staff team who were trained and regularly coached by designated staff. New staff were given a thorough induction and then able to have training updates in a range of areas. Healthcare referrals were timely and appropriate, and the service worked in partnership with many local healthcare professionals.

People enjoyed the food and had a choice of meal. If they did not like the options, the chef made sure alternatives were available. Meals were relaxed and unhurried and there was enough staff to support people where needed. People told us staff were kind and caring and respected their dignity at all times. People were involved in their care and where they wished relatives were also involved. People had a choice of activities to enjoy if they wished. Activity staff were employed and planned events that people enjoyed. If people did not want to join in group activities staff made sure they had a one to one session to do an activity that was more personalised.

Individual care plans contained the guidance needed for staff to meet their needs. Care plans were reviewed monthly or sooner if needed. Some people needed additional monitoring which was carried out by staff responsively. For example, some people had food and fluid monitoring charts in place and some had re-positioning charts in place. All were completed in full and checked by nursing staff.

People told us the home was well-managed. There was quality monitoring carried out and regular checks for safety. The provider had employed a new home manager who was having an induction period to enable them to get to know people, relatives and staff. The registered manager was overseeing operational day to day management so the new manager could take uninterrupted time to settle in.

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 requires improvement (published 11 December 2018).

Why we inspected - This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Laverstock Care Centre

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
This inspection was carried out by three inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Laverstock Care Centre 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 manager registered with the Care Quality Commission. This means that they 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 the information we had received about the service since the last inspection. We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection-
We spoke with seven people who lived at the service and six relatives about their experiences of the care provided. We spoke with 12 members of staff, the registered manager, the regional manager and one visiting professional. 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 reviewed a range of records. This included 10 people's care plans and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision and training information. A variety of records relating to the management of the service were reviewed.

After the inspection –
We contacted six healthcare professionals who regularly visit the service for their feedback and two relatives.

Good

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● At our last inspection we found that medicines had not always been stored safely. At this inspection we found medicines were stored safely and at safe temperatures. A new medicines fridge had been bought for one medicine room and staff checked temperatures daily.

● At our last inspection 'as required' medicines did not always have detailed guidance in place to help staff administer this type of medicine safely. At this inspection we saw people had detailed 'as required' protocols in place which gave staff details on when to administer these medicines.

● People had received their medicines as prescribed. Medicines administration records had been completed in full with no gaps in recording. People had regular medicines reviews carried out by the prescriber. Comments from people about their medicines included, "It is very well controlled", "Always have my medicines on time" and "The staff bring me my medicines, they are always on time."

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe at the service. Comments included, "Very safe here, you could not wish for anything nicer, I will go nowhere else", "I feel safe, I have never felt threatened" and "I have been here five years, all the girls make you feel safe, they look after you properly."

● Systems were in place to safeguard people from the risk of abuse. Staff had been trained in safeguarding and knew to report any concerns. Staff we spoke with were confident the registered manager or any nurse in charge of the shift would take appropriate action.

● The registered manager had reported safeguarding concerns to the local authority and worked with them to investigate and resolve safeguarding incidents.

Assessing risk, safety monitoring and management

● At our last inspection risk management required improvement as staff were not always aware of all risk management plans and not all risks had been identified. At this inspection we saw risks had been identified and managed safely.

● People's risks had been identified and assessed by staff. There were risk management plans in place to reduce risks in a variety of areas. For example, risk management plans were in place to move people safely, reduce the risk of falls and developing pressure ulcers.

● Risks were reviewed regularly as part of a 'resident of the day' system. This system supported staff to review all risk assessments at least monthly.

Staffing and recruitment

● At our last inspection there was mixed feedback about staffing and this continues to be the case.

Comments from people who did not think there were enough staff included, "During the day time it is ok, but at night time it takes too long for the staff to answer the bell" and "Sometimes there is a bit of a wait, but we put up with it." Comments from people who thought there were enough staff included, "Plenty of people about, good people" and "Yes I am sure there will be someone ready to help."

● During our inspection we saw there were enough staff to meet people's needs. People who were anxious had staff responding when needed, call bells were answered in a timely way and people were supported at mealtimes. The registered manager told us they used a staffing tool which was based on people's dependencies and they regularly monitored the call bell response times.

● Relatives had raised concerns about staff and in response the provider had increased staff numbers. The registered manager told us they were now actively recruiting for staff to increase numbers in the evenings which they had identified as a busy time.

● People were being supported by staff who had been recruited using safe systems. The provider carried out the necessary pre-employment checks which included obtaining references from previous employers and a disclosure and barring service check (DBS).

Preventing and controlling infection

● The home was clean, and we observed housekeeping staff cleaning throughout our inspection. Staff had cleaning schedules to follow which made sure all areas of the home were cleaned thoroughly and regularly.

● Staff had been trained in infection prevention and control and food hygiene. We observed staff follow safe infection prevention control practice such as washing their hands and using personal protective equipment appropriately.

Learning lessons when things go wrong

● Accidents and incidents were recorded and investigated. Accident records were shared with the provider, so they had an overview of what was happening in the home. The provider and the registered manager reviewed incidents to identify any patterns and themes. Staff used reflection to discuss any incidents, so they could identify areas they could improve to prevent incidents reoccurring.

● Key areas such as falls were analysed. The home had a falls champions group who met regularly to review all falls, to analyse and identify any improvements that could be made. Falls monitoring demonstrated incidents had reduced in the home. In June 2019 there were 15 falls at the home, in November 2019 there were three.

Good

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 requires improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them moving into the home. For some people this included an observation of how they were in their current environment. If people were in hospital for example, staff observed how people interacted with people around them, with medical staff and participating in an activity. Once people moved into the home the assessments of needs continued to ensure the staff could meet people's needs.
- People's oral health needs were assessed monthly using the providers oral health assessment tool. Once identified the needs were recorded in people's care plans with guidance on the effective care for staff to provide.

Staff support: induction, training, skills and experience

- At our last inspection we saw that training for all staff had not been completed to make sure they had the skills needed. Since our inspection the registered manager had identified a member of staff to take on responsibility for planning and carrying out some training.
- People were being supported by staff who were trained and supported in their roles. Training had been provided in a range of areas such as moving and handling, pressure area care and dementia. The provider had produced their own dementia training which staff told us was very useful. One member of staff told us, "I feel well trained and it is always updated. I would ask for more if I needed it."
- New staff had an induction which consisted of training, shadowing more experienced staff and for care staff completion of the Care Certificate. We spoke with a new member of staff who was completing online training on oral health. They told us they found the training to be interesting and informative.
- Staff had opportunity for regular supervision and an annual appraisal of their performance. Staff we spoke with told us this process helped them identify any training needs and receive feedback on their work.

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

- People were happy with the meals served. Comments from people included, "The food is wonderful", "It [food] is very good, I do like British food" and "Lovely nice cook, and if you need something special you just ask." People had a choice of meal. One person told us, "They [staff] give us the book and we choose what we want."
- People's nutritional needs were recorded in their care plans. This information had been shared with the catering staff so that the right food and drink was served.
- Mealtimes we observed were calm and unhurried and staff were seen to provide effective support to help people to eat. For example, we observed staff sitting down with people and providing verbal

encouragement to eat their meals.
● People's relatives were welcomed to the home at mealtimes and able to support their relative to eat if they wished. We observed relatives helping family members and spouses to eat and drink. They told us they enjoyed being able to do this with their relatives.
● Food looked appetising and there was plenty of it. The chef planned menus with involvement of people. They told us they knew people well and regularly sought their feedback about the food.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff had regular handovers to help them share information about people's needs and any events that had occurred. Staff also used handover records to share information with each other. These records were updated daily.
● People who needed to go to hospital had important information shared with emergency services. This enabled them to communicate with people and know information such as known allergies.
● People's health needs were known by staff and referrals to healthcare professionals made when needed and as appropriate. One healthcare professional told us, "Staff work well with us, they think outside of the box. They have knowledge of dementia and know people well." Another healthcare professional said, "The clinical staff I have found knowledgeable and caring. I have found them to respond appropriately to patient's health needs."

Adapting service, design, decoration to meet people's needs
● Laverstock Care Centre was a purpose-built home with wide corridors and plenty of natural light. There were communal areas which were well decorated and maintained.
● People had their own rooms which they could personalise if they wished. All rooms were en-suite though there were communal bathrooms and toilets available on all floors.
● The home had two units on each floor which had their own facilities. This included areas that were quieter and more private if people preferred this. There was a small garden available to people which they could access easily from the ground floor.

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.
● At our last inspection we saw that improvement was needed to the information the service had about relatives who had Lasting Power of Attorney (LPoA). The registered manager had taken the action needed to improve this area. Where people lacked capacity the LPoA had been involved in decision making or an advocate had been sourced.
● The provider was reviewing the documentation it used to record MCA and best interest processes to make it clearer who had been involved in decisions. Where people needed a DoLS this had been applied for and any conditions were being met.

● Staff had been trained on the MCA and how it applied to their role. We saw staff were following the principles of the MCA which meant for some people providing care in their best interest.
● People told us the staff always asked their consent before providing care. Comments included, "I always give them [staff] permission", "They [staff] always communicate with me, and I give them permission to go ahead" and "They ask about clothes and a bath, they ask for permission."

Good

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were 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 and their relatives all told us the staff were kind and caring. Comments included, "I am really pleased with the care here, I hear real kindness from the staff", "I cannot fault the staff, [relative] always looks comfortable", "Staff are very good, they are so sweet and kind. They will bend over backwards to do anything for you" and "Staff are my friends and are very nice to me."
- People were being supported by staff who all enjoyed their jobs. Comments from staff included, "I enjoy my job, I get to put a smile on people's faces, I love that" and "I love my job, I love making a difference to people's lives."
- People had one-page profiles in their care plans to help staff know a person's background and likes and dislikes. There was also life story information which recorded people's background in more detail.
- We observed staff using a variety of methods to communicate with people such as gestures and writing messages down. Staff were seen to respect people's beliefs and demonstrated patience and understanding with people who were experiencing acute mental health distress.
- We also observed staff responding with kindness to people's distress. One healthcare professional told us, "From my observations, care is delivered in a sensitive and person-centred way. Staff also I have observed respond to call bells very quickly now."

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

- People were involved in their care and in all decisions as much and as was appropriate.
- Care reviews were held with people and their relatives if people wished. Where there was involvement from the social and health care professionals they were involved if needed. This gave people the opportunity to discuss their care and support and make changes if they felt it was needed.

Respecting and promoting people's privacy, dignity and independence

- At our last inspection we observed some care that was not always dignified. At this inspection we did not observe any undignified care and support. People told us staff respected their dignity and cared for them well. Comments included, "Everyone here is kind, respectful and nice", "The staff look after you very well" and "Staff talk to you a lot." One relative told us, "Staff are exceptionally friendly, they know the resident's names, they deliver service with dignity and humour. Staff are doing exceptionally well."
- We observed people receiving care that was dignified and respected their rights. People's privacy was promoted by staff who made sure their personal information was kept securely. When staff needed to share information quickly it was done discretely without others overhearing.
- There was information about dignity in the reception area of the home and a dignity suggestions box. This

enabled people, relatives and staff to share comments about dignity and ask any questions. The suggestions were discussed in regular staff meetings about dignity. For example, we saw staff had asked if pureed food could be labelled so they knew what was available. This had been addressed by the chef.

● People were encouraged to do as much as they could for themselves. Staff told us how they respected people's wishes to keep their independence for as long as possible.

Good

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 requires improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

- People had a personalised care plans which were reviewed regularly. This contained detailed guidance on how people's needs were to be met and supported. Care plans we reviewed were written positively with encouragement to promote independence woven through each plan.
- People who needed additional monitoring had charts in place to record staff support. For example, some people had charts in place to monitor fluids intake or to record when they were supported to re-position. These records were checked daily by the nursing team who acted to make sure the care staff were following personalised guidance.
- Daily notes were kept which were appropriate and legible. These gave an overview of how people had been both emotionally and physically every day.

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's communication needs were identified, assessed and information was in their care plan to guide staff on how best to communicate. If people needed aids to communicate this was identified. For example, hearing aids or glasses.
- The provider produced a range of information in different formats to help people understand. For example, there was an easy read pictorial complaints procedure. The menus were available in both text and pictures to help people decide their meal options.

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

- People were supported to take part in activities that they wanted to join. Activities staff planned a programme of events, activities and outings to suit people's preferences. Comments from people about activities included, "Something goes on every day, my favourite is bingo", "There is a lot to do but I am not interested, I keep myself to myself", "It is very busy here, knitting is my favourite" and "There is a lot [of activities] my favourite is the quiz."
- Activity programmes were varied, and we saw different activities taking place during our inspection. Activities staff also provided one to one activities to people who preferred or needed this type of engagement. This was beneficial to people who stayed in their rooms.

● People had regular clubs which they could join on a weekly basis. For example, there was a knitting club every week and a bingo session weekly. There was also a weekly activity to sing hymns every Sunday. One relative told us, "The activity coordinator is absolutely superb. Comprehensive and varied activities."
● National celebrations such as Easter and Christmas were social events at the home. People were able to join in activities added onto the regular plans at these times of the year. For example, at Christmas there were various organisations and schools coming into the home to sing for people.
● People were able to attend religious services in the home if they wished. Dates for these were on notice boards for people and relatives to see. One person told us, "Yes there is a service every Sunday and holy communion every so often." The mobile library visited monthly to enable people to have the opportunity to use it if wanted. Dates for their visits were available on notice boards.

Improving care quality in response to complaints or concerns
● People and relatives knew how to complain if they needed to. People we spoke with told us they had not needed to complain but would if they wanted to. There was a complaints procedure in place which was available to all in reception.
● Complaints had been received, investigated and recorded in full. Where needed the registered manager had apologised to people and outlined action they would take to improve outcomes.
● One relative we spoke with told us their complaint had not been dealt with to their satisfaction. We asked if they had followed the procedure and complained to the local government ombudsman which they had not done. We shared their concerns with the registered manager.

End of life care and support
● There was no one receiving end of life care at the time of our inspection. People could receive this type of care when the time came. Staff worked with healthcare professionals to make sure people were comfortable.
● People's wishes had been sought regarding their end of life care and recorded in their care plan. Staff had received training on end of life care and were comfortable talking to people about their preferences.

Good

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 requires improvement, this was because the improvement we found needed time to embed into routine practice. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

● People, relatives and staff told us the service was well-managed. Comments included, "I think it is well-led here, the manager is visible, and I am happy to approach them", "They look after you very well here", "They [management] create a homely, happy environment" and "Yes I am happy here because its good." One healthcare professional told us, "From last year to now there is for me a tangible positive change in the home."

● There was a registered manager in post who had been working at the service to stabilise practice and make the improvements needed. As the service had improved the provider had recruited a permanent manager who had commenced in post.

● The new manager was available on day one of our inspection and told us they were in a handover period with the registered manager. The provider had planned for the new manager to have an induction period where they did not have any operational responsibilities. This gave them time to meet and greet people, relatives and staff. The new manager appreciated this time to get to know the service before taking over the day to day management. They said, "Everyone has been so welcoming."

● Staff told us they had been given the opportunity to meet the new manager and had "high hopes" for them. Staff told us they were feeling positive about the new manager's approach.

● We observed examples of good teamwork amongst the staff. For example, during mealtimes we saw staff move around the home checking with each other to see if they needed support. One member of staff told us, "I receive fantastic support from my colleagues and the management here." Another member of staff told us, "Communication is open here, we tell each other what we are aiming for."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider and registered manager had a good understanding of the duty of candour process. They were open about any incidents and would write to apologise to people if needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

● The provider had good oversight of this service and made sure any regulatory requirements were met. For example, we received notifications from the service where needed to inform us of any events or incidents.

● The registered manager made sure the staff had clear lines of responsibility and understood their roles

and limitations. The registered manager had daily meetings with heads of departments to discuss areas such as complaints, incidents and changes to people's needs. This made sure all the senior team were aware of changes and took action where needed.

● At our last inspection, the provider told us they were looking to recruit a night nurse manager. This appointment had taken place which meant there was a lead nurse responsible for supervising night care. The registered manager told us this had helped to develop the night care team and provider leadership during the night.

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

● People told us they felt they were listened to at Laverstock Care Centre. One person told us, "They [management] do listen to us." Another person told us they felt listened to and said, "I would not go anywhere else."

● People, relatives, staff and other stakeholders had been asked for their views using surveys. Results had been collated and the provider had produced reports, so the feedback could be shared. Action plans were produced, and the registered manager had worked to address any concerns raised. For example, in the relatives' survey, comments identified the mat in the foyer was in need of a clean. This had been cleaned.

● The culture at the home was open with staff being encouraged to share their views. There were posters for Christmas decorating competitions between staff for their individual units. The home manager was going to judge this competition and staff told us they were keen to win.

● Staff had the opportunity to attend team meetings which were held regularly. Minutes were kept recording discussions held and any actions needed.

Continuous learning and improving care

● Quality monitoring was effective in identifying improvement needed. Staff carried out a range of audits to assess quality and safety. Action plans were produced and shared with the provider and staff.

● Staff had opportunities to develop their skills and knowledge. Staff told us they could ask for any development opportunity which would benefit the service.

● The providers dementia lead had been working at the service to support people who were experiencing distress. We observed they gave staff guidance during meetings on how to best approach people and the importance of a consistent approach. They were available to staff regularly to help staff develop their skills.

Working in partnership with others

● The home had various partnerships within the local community. Healthcare professionals were regular visitors to the service to assess and monitor people's needs. Staff worked to maintain these relationships.

● Community links were established, and staff told us they were always working to develop more links to reach out in the local community. Activities staff had relationships with local schools, colleges and at the local hospital radio. Staff told us they used these links to share with others what was going on in the home and invite people in.