

Regency Healthcare Limited

The Laurels Care and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Laurels Care and Nursing Home is a residential care home providing personal and nursing care to for up to 27 people in an adapted building. The range of care needs includes older people, physical disabilities, mental health and people living with a dementia. At the time of the inspection 20 people were using the service.

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

People said they were satisfied with the variety and quality of the meals provided at the service. However, we found people's mealtime choices and offering a balanced diet could be better. We have therefore made a recommendation for improvement.

Some parts of the accommodation and outside areas needed improvement. The provider had plans in place to develop the service for people's comfort and wellbeing. We have made a recommendation about re-furbishing the service in response to people's needs.

People's needs were being assessed, planned for and reviewed. Each person had a care plan which was designed to meet their needs and choices. People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

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 told us they felt safe at the service. We observed people were relaxed and content in the company of staff and managers. Recruitment records were being further developed, to show all the appropriate checks were carried out before staff started work. There were enough qualified staff available to provide safe care and support; staffing arrangements were kept under review. Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns.

Health and safety was promoted, this included maintenance of the premises, servicing and checking systems. Risks to people's individual well-being were assessed and managed. Staff followed processes which aimed to manage people's medicines safely.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

There were opportunities for people to engage in a range of group and individual activities. Visiting

arrangements were flexible, relatives and friends were made welcome at the service. Processes were in place to support people with making complaints. Complaints records and management systems were being further developed.

Management and leadership arrangements supported the effective day to day running of the service. The Laurels Care and Nursing Home had a welcoming and friendly atmosphere. The provider used a range of systems to regularly monitor and improve the service. Further systems were being introduced. There were processes to consult with people who used the service and others, to assess and monitor the quality of their experiences and make improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

The last rating for this service was good (published 4 March 2017)

Why we inspected

This was a planned inspection based on the previous rating

Follow up: The next scheduled inspection will be in keeping with the overall rating. We will continue to monitor information we receive from and about the service. We may inspect sooner if we receive concerning information about the service.

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?

Requires Improvement ●

The service was not always 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

The Laurels Care and Nursing Home

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

The inspection was carried out by two 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

The Laurels Care and Nursing Home 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 information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well and any improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, the activity coordinator, senior care workers, laundry staff, care workers, the cook, a nurse and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records relating to the way the service was run. This included three people's care and medicines records, staff recruitment files, minutes from meetings, audits and maintenance checks and a sample of policies and procedures. We looked around the premises and grounds.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records of provider monitoring visits and action plans.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The registered manager made sure there were enough staff to meet people's needs in a timely way. People and their relatives told us there were enough staff to meet their needs. One person said, "There are always plenty of staff about and they are here straight away if I need them." A visitor commented, "[My relative] is safe and so well looked after there are always staff present".

We observed staff were busy but responded promptly to any calls for assistance. At times, the service was reliant on agency staff. We were told regular agency staff were provided which provided continuity of care for people.

- The provider had recruitment procedures which aimed to make sure staff were of a suitable character to work in a care setting. Regular checks were undertaken to make sure nursing staff were registered to practice. We found the records maintained in staff files were not consistent, for example one recruitment record did not include sufficient information about previous employment or reference information. The provider told us the staff recruitment procedures were under review and their new auditing systems would ensure a robust process.

Systems and processes to safeguard people from the risk of abuse

- The provider had processes to protect people from abuse and neglect. We observe people were relaxed in the company of staff and managers. People said, "Yes I feel very safe, there is always someone here to help me", "I do feel safe absolutely!", "I feel safe in my bedroom and here in the quiet lounge" and "It's lovely here and I feel very safe."

- The registered manager and staff were aware of safeguarding and protection. They described what action they would take in response to any abusive practice. Staff had access to training on protecting adults at risk and positively supporting people's behaviours.

- The provider had policies and procedures to manage and report safeguarding incidents in line with the local authority's protocols. Guidelines to safeguard adults at risk, including reporting procedures were displayed in the reception area.

Assessing risk, safety monitoring and management

- The registered manager and staff assessed and managed any risks to people's health, safety and wellbeing. This included assessments of specific risks such as the risk of falls and behaviours and risks arising from skin integrity and nutritional needs. Staff were provided with guidance on how to manage risks in a safe and consistent manner. The risks associated with managing people's behaviours had been assessed and appropriate action had been taken to respond to any incidents. Guidance and training was

provided for staff.

- The provider had processes to provide a safe, secure, environment for people, visitors and staff. There were arrangements to check and maintain the service, fittings and equipment, including, water temperatures and fire safety systems. The provider had a contingency plan in the event of failures of utility services and equipment.

Using medicines safely

- The registered manager and staff followed safe processes to ensure people's medicines were received, stored, administered and disposed of safely. People spoken with said their medicines were supervised and well managed. We discussed with the registered manager, how improvements could be made to the disposal of medicines processes such as storage and witnessing records. Following the inspection, the registered manager confirmed this had been addressed. We also noted there were gaps on some of the cream charts; the registered manager was already aware of this and taking appropriate action.
- The registered manager had consulted best practice guidance in relation to medicines management and policies and procedures were available to all staff. Nursing staff were suitably trained to administer medicines and checks on their practice had been carried out.

Preventing and controlling infection

- The provide had arrangements to ensure people were protected by the prevention and control of infection. All the people spoken with said they were satisfied with the cleanliness of the home. The areas we saw were clean and hygienic. There were cleaning staff and checking systems to maintain hygiene standards.
- Suitable equipment, including laundry facilities were provided. One person told us, "The laundry service is fantastic here, they take your dirty clothes and they come back the following day all beautifully pressed. It really is a good service, like a hotel really." Staff had access to personal protective equipment and they had accessed training on infection control and food hygiene.

Learning lessons when things go wrong

- The provider had processes to monitor incidents, share outcomes and make improvements, to help prevent similar incidents and reduce risks to people.
- Managers and staff were aware of and fulfilled their responsibility to report and record, accidents and Incidents.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

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

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

- The provider supported people to eat and drink enough. However, we found menus lacked choices and were not routinely reviewed and updated. We were told the menus had not been reviewed in two years. We noted there was lack of choice at lunch time and alternatives were not nutritionally equivalent. For example, the main meal was served at lunchtime and the alternatives were soup and/or sandwiches. Alternatives were not promoted on displayed menus.
- During lunchtime we observed there was a relaxed and informal atmosphere. Sensitive assistance was given to people needing support and independence with eating was encouraged. People said, "The food is good and there is always plenty of it," "The food is fantastic here; too much really they feed us very well" and "Yes the food is very good. They tend to make us what we like."
- People's specific individual nutritional and dietary needs were known. Staff monitored people's general food and fluid input as needed. Fluid charts highlighted a recommended intake but amounts had not always been calculated to check consumption. This meant recommended inputs may not be effectively monitored and responded to.

We recommend the provider seeks advice from a reputable source, on providing nutritionally balanced diets and promoting choices.

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

- The provider had ongoing arrangements to monitor and refurbish the premises to meet people's needs. We noted some areas needed improvement, including floor coverings, general decoration and access to suitable outdoor areas. Plans were in place to develop and improve the accommodation, these include responding more effectively to the needs of people living with a dementia. We will review the provider's progress at our next inspection.
- We observed people were relaxed and comfortable in the service. There was a satisfactory standard of furnishings. Some people had been supported to personalise their bedrooms with their own belongings, such as family photographs, ornaments and soft furnishings.

We recommend the provider consider current guidance, when adapting and re-furbishing the service to meet people's needs.

Staff support: induction, training, skills and experience

- The provider's staff training programme was inconsistent. There was an in-depth induction process for new staff to ensure they could carry out their role safely and competently. However, we found one staff member had not completed an induction and there were gaps in two other staff induction records. New staff had not yet enrolled to undertake recognised qualifications in health and social care, such as the Care Certificate training. This meant staff may not have the skills and knowledge needed to provide effective care and support. We were assured plans were in place to source and achieve appropriate staff training.
- Staff said they were supported with their ongoing learning and development. People spoken with thought staff were well trained and knew what they were doing. One person commented, "They're definitely well trained and believe you me I see it all first-hand."
- The registered manager made sure staff were provided with support and supervision. Supervision provided them with the opportunity to discuss their responsibilities, concerns and to develop their role

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

- Management and staff ensured people received appropriate support to meet their healthcare needs. People's physical and mental healthcare needs were recorded and monitored. This helped staff to recognise any signs of deteriorating health. People and their relatives said access to healthcare practitioners was arranged promptly and visits made within reasonable time scales.
- Management and staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a consistent and coordinated service. Appropriate information was shared when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments.

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

- The provider had systems to ensure people received care and treatment which met their individual needs. The registered manager ensured people's needs and choices were assessed prior to admission, to make sure they could be met. This involved meeting the person and gathering information from them and from appropriate others.
- The initial assessment was used to design the person's care plan to respond to their individual needs. Care records included the initial assessments information from health and social care professionals. The provider used recognised guidance to monitor and assess people's continuing health and well-being needs.

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.

- People were supported in accordance with the MCA. The registered manager and staff had a practical awareness of the MCA. Staff described how they involved people with decisions and sought their consent. They indicated people were supported in the least restrictive way possible.
- Staff recorded people's capacity to make decisions in the care plans. Where possible, some people had recorded their consent. Best interest meetings had been held for some important decisions, such as medicines management, to ensure people's rights were protected.
- Management and staff understood when an application for a DoLS authorisation should be made and how to submit one. At the time of the inspection, there were two authorisations approved by the local authority. Other applications had been made to the local authority and were awaiting approval.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were treated with respect, compassion and kindness, they were given emotional support when needed. People were complimentary about the attitude and kindness of staff They told us, "The staff here are all so kind and they really do care. They look after us all very well," "The carers are marvellous, nothing is too much trouble for them they will do anything for you." Visitors said, "The staff here are absolutely brilliant. The care [my relative] has is excellent" and "[My relative] loves them. I'm very impressed".
- Staff and managers knew people well, they were aware of their individual needs and preferences. Respecting people's human rights, equality and diversity was reflected in the care planning process. Care records included people's social histories, likes, dislikes and how to best to support them. One staff member told us, "We treat people equally and we are fair with everybody." A visitor said, "What I like about here is everyone cares, from the manager to the cooks and the cleaners."

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

- The service supported people to make choices in their daily lives. Staff said they had time to talk with and listen to people. We observed staff offering choices and encouraging people to make their own decisions. One person said, "They let me do what I like, just like being in my own home and they let my visitors come anytime there are no restrictions at mealtimes".
- The registered manager and staff described the processes for involving people or their representatives, with planning their care and ongoing reviews. This was mostly on an informal basis. However, the registered manager was working towards a more person-centred response to develop people's involvement with decisions and choices.
- The provider had produced a guide to the service, to inform people of their rights and choices. Information was also available on other support organisations, including local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy and supported them to maintain their dignity. Comments people made included, "The staff always knock on the door before they come in," "They cover me up when they take me for a bath" and "If I want to talk in private when my family visit the staff take me to my room."
- Staff encouraged people's independence as far as possible. People told us how they were encouraged to be independent in daily living activities. One person said, "I get help when I need it. I like to do things for myself, but they will do the things that I can't, like helping me to get dressed."
- The provider had arrangements for people's personal information and staff records to be stored securely

they were only accessible to authorised staff.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Management and staff planned people's care and support in line with their choices and preferences. People's care plans described their health, care and support needs and included their preferences and daily routines. Daily records were written in a respectful way but were not sufficiently detailed about how people spent their day or about the care they received. The registered manager was already addressing this with staff.
- The registered manager and staff kept people's care plans under review to make sure they received the correct care and support. Although people were not always aware of their care plans, we saw people were involved in decisions and choices about their care. Visitors told us they had been involved in the planning of their relatives' care and informed by staff when changes were made. However, records did not always reflect this involvement.
- Staff recognised the importance of appropriately supporting people on an individual basis. They understood the importance of promoting equality and diversity and respecting individual differences.

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.

- The service understood and had responded to the AIS. People's sensory and communication needs were considered in the assessment and care planning process. Staff communicated and engaged with people, using ways best suited to their individual needs and preferences.

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

- Staff encouraged people to maintain positive relationships. People told us visiting times were flexible and they were supported to keep in contact with their family and friends. One relative said, "Whenever I visit the atmosphere is superb. The staff are so welcoming." The registered manager had systems to link people with a staff keyworker. This aimed to provide a more personal, coordinated service and develop beneficial working relationships.
- The provider had a programme of activities to help promote people's intellectual and emotional wellbeing. An activities coordinator was employed to organise individual and group activities. Records were kept of people's participation and experience. Various games, crafts and therapies were offered. There were regular visits from entertainers and church representatives. Seasonal events were celebrated. Plans were ongoing, to review and develop activities in response to individual needs and preferences.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened to and acted upon to make improvements. All people spoken with said they would approach the registered manager if they had any issues or complaints. They said, "I have had no complaints at all in the years I have been here" and "Everything is dealt with so well here." Staff were aware of the action to take when receiving complaints.
- The provider's complaints procedure was available at the service. This included directions on making a complaint and how it would be dealt with. Processes were in place to ensure formal complaints were recorded, investigated, managed and resolved. The complaints management process needed improving to keep records individually. However, the provider was introducing a revised recording and management system.

End of life care and support

- The staff team had experience of caring for people at the end of their life. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. At the time of our inspection, the service was not supporting anyone with end of life care. Where possible, people's preferences and choices in relation to end of life care and their cultural and spiritual needs were explored. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available where people did not want to be resuscitated.

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 good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care.

Continuous learning and improving care;

- The provider had processes to achieve compliance with the regulations. The registered manager and staff used various checking systems to regularly audit processes and practices, including, monitoring accidents and incidents, health and safety, infection prevention, care planning and medicine management.
- Although we found some shortfalls, timely action was taken to make improvements during the inspection. We also later received an action plan confirming the progress to be made. Furthermore, we were assured the revised auditing and checking systems would ensure continued safe and effective practice.

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 understood and acted upon their duty of candour responsibilities by promoting a culture of openness and honesty.
- The registered manager and nominated individual were proactive in their response to the inspection process. They described how they aimed to analyse and learn from untoward events at the service and within the wider organisation.

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

- Management arrangements provided effective leadership and direction. The Laurels Care and Nursing Home had a welcoming and relaxed atmosphere. All the people spoken with told us they thought the service was well managed. One person explained, "They are good lasses here and they all work well together." A visitor said, "I have already recommended this place to others. I really think it's superb and [my relative] has never looked as well as they have, over the last three years since coming here."
- The registered manager was visible and 'hands on' in the service, they applied a lead by example approach. Staff described the registered manager and directors as supportive and approachable. They said, "The manager is really good. I like working here it's got the right things in place" and "Teamwork here is pretty good. It's the resident's home and we all do our best for everybody."

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

- The provider had processes to reinforce and convey a person-centred approach. Organisational policies and regular refresher training provided managers and staff with up to date learning, guidance and direction. Job descriptions, employment contracts and the staff hand book, outlined staff roles, responsibilities and

duty of care. A staff member told us, "I know exactly what my job role is: to provide personal care, comfort, food and a good quality of life."

- The registered manager and staff expressed a practical understanding of their role to provide effective support in accordance with the provider's expectations and the law. The registered manager described the action being taken to re-introduce staff 'champions' to promote good practice around key themes, including dignity and safeguarding.

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

- The registered manager consulted with people to monitor their experiences of the service and make improvements. Although resident's meetings had not recently been held, the registered manager spent time regularly with people and there was a suggestion box in the reception area.
- People were invited to complete a satisfaction survey twice per year, at the time of our visit this process was ongoing. A questionnaire for staff was also due to be implemented. The results of previous surveys had been collated and the responses were acted upon and used to influence forward planning.
- Staff meetings were held; various work practice topics had been raised and discussed. Staff told us their ideas and views were listened to and acted upon. They said, "We have a meeting every couple of months, staff always speak up."

Working in partnership with others

- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GP's, pharmacists and community nurses. The service had also established links with a local school.