

Croftwood Care UK Limited

The Laurels Residential Care Home

Inspection report

Walnut Drive
Winsford
Cheshire
CW7 3HH

Tel: 02084227365

Date of inspection visit:
18 February 2020
20 February 2020

Date of publication:
22 April 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Laurels Care Home is a residential care home providing personal and nursing care to 36 people at the time of the inspection. The service can support up to 40 people. People were accommodated in three units, two of which provided care and support to people living with Dementia.

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

We have made two recommendations about the current system in place for reviewing the management of cleaning materials and items that could be hazardous to people's health and the appropriate storage of people's personal effects.

People were happy with the care and support they received.

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 and staff always support this practice.

People felt safe using the service and received their medicines when they needed them. Safe recruitment practices were in place to help ensure that only suitable people were employed at the service.

People were able to voice their views and felt they were listened to. People had access to services and facilities that met their cultural needs both within the service and the local community.

People's needs and wishes were assessed prior to moving into the service. People received care and support from experienced staff who were supported in their role. People were offered a nutritious and balanced diet that met their needs and wishes. Systems were in place to ensure that people's healthcare needs were understood and met.

People were protected from abuse and the risk of abuse. People and their family members told us that the service was safe. Infection control practices were followed to minimise the risk of the spread of infection.

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 26 February 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe section below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective section below.

Good ●

Is the service caring?

the service was caring.

Details are in our caring section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led section below.

Requires Improvement ●

The Laurels Residential Care 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 first day of the inspection was carried out by one inspector 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. The second day of the inspection was carried out by one inspector.

Service and service type

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

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 on both days.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. 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 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 17 people who used the service and five family members about their experience of the care provided. We spoke with 10 staff members of staff including the area manager, registered manager, assistant manager, care workers and the handy person.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Unnecessary risks to people's health and safety were not always considered or reduced. We found a large number of cleaning products, prescribed fluid thickener, lighters and matches stored in unlocked cupboards around the building. The cupboards were lockable, however, no keys were available to lock and secure the cupboards. We brought this to the attention of the registered manager who removed the items immediately.

We recommend the provider consider current guidance on the storage of substances hazardous to health and that may cause harm and take action to update their practice accordingly.

- Risks to care, support and equipment used by people were identified and plans were in place to minimise those risks.
- Staff had access to policies, procedures and guidance in relation to health and safety.
- Emergency procedures were in place to help ensure that people received the care and support they required in the event an emergency. This information was easily accessible to staff.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding procedures were in place and available to all staff.
- The majority of staff had received training in safeguarding people from harm.
- People told us they felt safe living at the service. Their comments included "We're safe here, there's nobody bothering us."
- Family members told us they felt their relatives were safe. Their comments included "The staff are very, very helpful so Mum feels safe" and "The staff are very good at spotting when someone could get into difficulty, like if they forget their walking frame, they act quickly to make sure the resident is safe."

Using medicines safely

- Procedures were in place and available to staff for the safe management of medicines.
- Staff responsible for managing people's medicines completed training in this area.
- People's medicines were stored in locked facilities in locked rooms.
- Regular checks took place to ensure that people's medicines were managed safely.

Staffing and recruitment

- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the

role before they were offered a job.

- The provider was in the process of recruiting to staff vacancies at the time of this inspection.
- People and their family members had mixed views on the numbers of staff available to support people. Comments included "Occasionally the staff levels seem low but the agency staff they use are regular and know the residents and relatives well", "Although they are busy they are never too rushed to stop and have a chat so they know if I'm ok or not" and "Sometimes at weekends it seems like there's not enough staff but if I use my buzzer they come straight away and pop in to say hello when they're passing."

Preventing and controlling infection

- Systems and procedures were in place to prevent the spread of infection.
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE when supporting people with specific tasks to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt and improvement made following accidents and incidents.
- Accident and incidents which occurred at the service were recorded and analysed to look for any patterns and trends and ways of minimising further occurrences.
- Family members were kept informed of any incidents and accidents their relatives had experienced. One family member told us "They always communicate with us if there's a problem with Mum so that gives us a sense of security."

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.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection consent was not always sought and recorded in line with the Mental capacity Act and applications to deprive people of their liberty had not been made for all of the people who required them. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of this regulation.

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.

- Systems were in place to ensure that people's rights under the MCA were maintained. This was an improvement from the last inspection.
- A monitoring system had been implemented to ensure that DoLS and mental capacity assessments in place were reviewed on a regular basis. This was an improvement from the last inspection.

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed to ensure they could be met at the service.
- People, their family members and healthcare professionals were involved in the assessment and planning of people's care.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role when they commenced employment.
- An on-going training programme was in place to ensure that staff had up to date knowledge to carry out their role. People's comments included "They do a good job and know me well" and, "Our staff are very caring and have the skills to help me."

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

- People were protected from poor nutrition and dehydration.
- People's meals were prepared to meet their dietary needs. Information about people's specific needs was recorded in their care plan.
- People commented positively about the food. Comments included, "There's lots of drinks and snacks", "The food is ok, choices are good" and, "The food is good but there could be a little more choice of diabetic deserts." A family member told us that their relative loved the food and that they had "Put on about two stone since she got here which she needed."

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

- People had access to health care support and treatment when needed.
- People told us that when needed arrangements were made for them to receive specialist support from health care professionals. For example, psychiatric nurse, GP and speech and language therapist. One family member told us that their relative had been on a pureed diet but was now improving with assistance from the speech and language therapist and staff.
- Records of people specific health needs were included in people's care plans.

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

- The environment had been adapted to provide ease of access to people which included accessible bathrooms and communal areas.
- Signage was in place and utensils were available to help orientate people living with dementia in and around the building and during mealtimes.
- A programme of planned redecoration of bedrooms and communal areas was underway. Further plans were in place to change the layout of the service to make the service further accessible to people living with dementia.

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.

Respecting and promoting people's privacy, dignity and independence

- People's personal property was not always respected. People's sight glasses, jewellery and personal photographs were found in kitchen cupboards on two of the units. We identified this to the registered manager who moved these articles immediately.

We recommend the provider consider current guidance to ensure that people's personal effects are managed appropriately and take action to update their practice accordingly.

- People told us that staff treated them with dignity and respect and that their privacy was maintained. Their comments included "I get up when I like, I often have breakfast in bed" and, "I'm pretty independent but need help with bathing, the staff always help when needed."
- People's personal records maintained at the office were stored in locked cabinets. Electronic records were password protected to ensure the security of the information.
- Policies, procedures and guidance were in place to ensure that people's individual rights in relation to equality and diversity were promoted and maintained.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us positive things about the service they received from the staff team. Comments included "They always have time to stop and chat to people", "They are very aware of individual needs, can't fault them" and, "Caring side, can't be faulted."
- People told us that they felt well supported and that staff always asked if there was anything they needed. Comments included "The staff look after us well." A family member told us, "They care for the relatives too."
- Positive relationships had been formed between people and the staff that supported them with lots of laughter taking place.

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and family members the opportunity to express their views about the care provided and make any changes they wanted.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

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

- People received support from staff who knew them well.
- People's identified needs had been planned for and were recorded in their care plans. People were involved in the planning of their care.
- People's care plans contained information and guidance for staff to be able to deliver the care and support people needed.
- Not all the information in people's care plans was up to date. For example, although a person's weight chart was being monitored on a weekly basis, the information in their care plan was several months out of date. We discussed this with the management team who made immediate arrangements for a full review of people's care plans to take place.

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 sensory needs were recorded in their care plans.
- People were supported by staff who understood their communication needs.
- The provider had access to facilities to provide written documentation in different formats to meet people's needs and wishes.

Improving care quality in response to complaints or concerns

- People had access to the provider's complaints procedures which were available in different formats if required.
- People knew who to speak to if they were unhappy about the service they received and felt confident that they would be listened to. Comments included "I take any complaints to (Registered Manager) and we talk it through, sort things out together."
- A system was in place to record and monitor any complaints. The provider regularly reviewed and monitored all concerns and complaints received by the service.

End of life care and support

- Procedures were in place to support people to receive appropriate end of life care.
- People had the opportunity to have any specific wishes in relation to end of life care recorded in their care

plan.

- At the time of this inspection nobody using the service was in receipt of end of life care.

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. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

We made a recommendation at the last inspection that the registered provider reviews and updates its practices to ensure their quality assurance systems were always effective. We found that further improvements were still needed to ensure that quality assurance systems were effective.

- Systems in place such as daily walk arounds by the management team and regular checks of the environment had failed to identify and address areas of improvement needed that were found during this inspection.
- Risks to people were not always identified, considered and mitigated. For example, cleaning materials, matches, prescription thickening fluids were not stored appropriately and were accessible to all. Lockable cupboards in place to store hazardous items were unlocked as staff stated that the keys to the cupboards were lost.
- Systems and checks in place had failed to identify that people's personal possessions were being stored inappropriately in communal kitchen cupboards, and were accessible to all. People's care records did not always contain up to date information.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People told us they were happy with the support that they received and that the service was well run. Comments included "It's well managed, I wouldn't want to change anything its comfortable enough" and "My comments are always acted upon."
- Staff told us they were well supported and worked well together as a team.

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 registered manager understood their responsibilities in responding to people who use the service under the duty of candour following incidents and when things have gone wrong.

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

characteristics

- Arrangements were in place to engage and involve people using the service. For example, people were invited to complete a survey about the care and support they received. The most recent survey, completed in November 2019 demonstrated that people were generally happy with the service they received.
- Staff had the opportunity to complete a survey in relation to their role. The most recent survey was completed in August 2019 which suggested that the majority of staff were satisfied with the support they received in their role.
- Policies and procedures that considered equality characteristics to promote safe, effective care for people were available.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider had insight into areas of the service that could be improved. Plans were in place to address these areas.
- An on-going training programme was available to staff to ensure that their practice was up to date.
- The provider sought guidance from professional bodies in develop the service. For example, an audit was scheduled to take place around the service developed by the King's Fund to further develop a more friendly environment for people living with dementia.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.