

Sanctuary Care Limited

The Laurels Residential 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?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Laurels Nursing and Residential Home is a nursing home providing personal and nursing care for up to 43 people. There were 33 people living at the home at the time of our inspection. The service provides support to older people with a range of support needs including complex health conditions and dementia.

The service is a large adapted property. Accommodation is split across two floors and there were communal living and dining rooms.

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

People were protected from the spread of infection, the service was clean and staff wore personal protective equipment which they changed regularly.

Risk assessments were regularly reviewed with people's changing needs and care plans had relevant and up to date information.

Staffing levels were calculated using a dependency assessment. This calculated staffing hours required, and the manager ensured they were staffed to people's needs.

Staff were recruited safely. Appropriate checks were made prior to staff starting in post to ensure they were suitable to work with vulnerable adults.

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's health and social care needs were managed well. There were positive relationships with professionals which supported people's overall wellbeing. Medicine was administered safely and there were clear protocols in place for medicine which was taken when required.

People had enough to eat and drink. However, menus were written corporately, and people were not consulted on what they would like to eat and drink.

People told us the staff and the management were kind and caring. People were treated with dignity and respect. People had consented to the care provided and information was available in accessible formats.

The registered manager and deputy were keen to drive continuous improvements and were working on developing systems to have better management oversight.

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

Why we inspected

This service was registered with us on 6 July 2020 and this is the first inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

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?

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.

The Laurels Residential 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

The Laurels Nursing and Residential 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 who was registered with the Care Quality Commission. This means 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 care commissioners and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurse, two catering staff, care workers and domestic staff.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at two 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 requested further documents to support our evidence.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to keep them safe from harm or abuse. Staff had received training in safeguarding to support them in recognising signs that a person may be at risk of avoidable harm.
- One person told us they felt safe at the service and staff treated them well.
- Staff told us they had received safeguarding training and they were aware how to report concerns to people's safety. Staff were also aware of the provider's whistleblowing policy, which explained how they could report concerns to external health and social care agencies.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed. Care plans and risks assessments were in place and reviewed regularly. The care planning was on an electronic system which could easily be updated, and staff could enter daily care notes.
- Discussions with staff and observation of staff supporting people, demonstrated they knew people well and were aware of people's individual needs.
- Environmental risk assessments were in place and all health and safety checks were carried out or planned to include maintenance of equipment.

Staffing and recruitment

- Staff were not always deployed effectively, at lunchtime we observed there were no staff upstairs and one person required assistance and was unable to reach their call bell. We informed the registered manager who told us it would be rectified immediately, and they would have staff on duty upstairs at all times.
- Staff were recruited safely; records showed criminal record checks and references had been obtained before staff commenced their employment.
- Staffing hours were calculated using a dependency assessment. The manager calculated the hours of support required by people which ensured they had enough staffing to support their needs. The dependency assessment was reviewed as people's needs changed.
- Staff training was robust and included mandatory training in all key areas such as moving and handling, infection control and safeguarding, and staff told us the training was good and they felt well supported in their role.

Using medicines safely

- Best practice guidance in the management of medicines was consistently followed. Records showed there were regular audits carried out on the way people's medicines were managed. As part of this audit the

manager checked for any errors in people's medication administration records and how staff managed people's medicines. This helped to reduce the risk to people associated with medicines.

- Protocols for 'as required' medicines, known as PRN medicines, were in place. These ensured PRN medicines were given in a safe way and when needed. There was an electronic record for medicines and the PRN protocols had not been added, however, the paper documents were still in place and the deputy manager was inputting the additional information to ensure all of the record was on the electronic medicines system.
- Medicines were stored safely and administered by trained nurses.

Preventing and controlling infection

- People were protected from the risk of infection. We observed staff were wearing appropriate personal protective equipment (PPE) and changed it between tasks. All staff had been provided with specialist infection control training; this included the correct use of PPE.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

The service had used a variety of different methods to keep people in touch with their relatives. They had safe visiting spaces which relatives could access from outside. They also had window visits and used video calling.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Learning Lessons when things go wrong

- Accidents and incidents were recorded, and the information collated and analysed and used to inform measures to prevent incidents reoccurring.

- Feedback was sought from people and their relatives and then this was acted upon and the outcome published in the home's newsletter.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

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, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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.

- People's consent for care was sought. People told us their care needs were discussed, and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care. We saw in care planning where relatives had been consulted when people did not have the capacity to consent.

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

- Care plans were reviewed regularly and updated when people's needs changed. Care plans were person-centred and showed holistic assessment of needs and choices.
- Staff communicated with a range of professionals. We saw the GP was consulted with and people had prompt access to healthcare services when required.
- There was information in people's records demonstrating people's oral care needs were assessed and met. The registered manager told us they had just employed a dentist who would be visiting the service regularly.

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure they had the skills and experience to effectively support people.
- One staff member told us, "We have lots of training, training is good, we are well supported."
- People told us they felt the staff were well trained and supported them in a way they wanted to be cared for.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear about people's preferences and any dietary requirements.
- Care plans reflected any specific guidance about health care needs and this was shared with staff. Staff understood people's health conditions, how they affected them and their related personal care needs.
- When changes in condition were observed, staff supported people with access to healthcare services. There was a community matron who worked regularly with the service and supported them when people's health needs changed.

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

- People's rooms were personalised, and they were encouraged to have their own things where they could to make them feel more at home.
- The registered manager had plans to carry out an internal refurbishment as the decoration was quite old and needed replacing.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable.

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

- People were treated with dignity, respect and kindness. One person told us, "The care is excellent, staff are very kind."
- Records included information about people's preferred name and important details.
- Staff understood how to provide care and support and felt it was important to know people's needs and preferences.

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

- People confirmed they were involved in decisions about their care, from planning to delivery. We could see in care planning, relatives were involved and kept informed.
- Staff told us they delivered care as the person requested. Staff felt they had forged good relationships and knew the people they supported and supported them as individuals

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received care and support responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences.
- We observed staff interacting with people at lunchtime, asking what they would like and if people wanted any help.

Meeting people's communication needs

Since 2016 onwards all organisations 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 assessed and agreed with them. Staff we spoke with knew people well and how to communicate with them in the way they understood.
- The provider was meeting the Accessible Information Standard for people's care. The manager told us they would work on picture menus so people could easily see what the choices were.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities are socially and culturally relevant to them

- People were supported to see family members and maintain relationships.
- Activities were provided for people to participate in. They employed an activity co-ordinator and staff also did some activities with people.
- We could see staff had engaged people in a carnival night and there was a room set out with balloons, palm trees and a tiki bar. The registered manager told us people enjoyed the different activities they offered.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how one complaint had been investigated and resolved.
- People told us if they had a complaint or concern, they would be happy to report it and felt confident it would be resolved.

End of life care and support

- The service supported people at the end of their life and where possible, had planned with the person and their relative to ensure that the end of their life was peaceful and dignified.

- We saw a very detailed care plan which had been written with a relative. The plan had lots of important details regarding the person's choices and preferences which were important to them and they would like when they were receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager promoted a positive culture and encouraged feedback regarding all aspects of care and support.
- People told us they felt that they could raise any concerns and speak to staff or management and felt confident that they would resolve it.
- We found the manager to be open and honest. They explained that they were working on improvements and were open to feedback. They had a plan to decorate the service which had been agreed by the provider.

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 had submitted notifications regarding incidents they were required by law to tell us about. The registered manager had a clear auditing process which showed who they had shared information with which included notifications to the care quality commission, safeguarding and the local authority.
- The provider ensured people were kept informed and apologised if errors occurred.

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

- The registered manager was very open and honest about what improvements were required and welcomed the inspection as an opportunity to learn.
- There were clear systems in place to monitor all areas of the service. There were audits to check the quality of care delivered and the registered manager ensured they worked towards continuous improvement.
- The registered manager made sure that people received good care and support by supporting the staff team and having regular contact with people using the service.

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

- There was no consultation with people regarding the menu choice. We discussed this with the catering staff and the registered manager who explained menus were planned corporately. This was not the responsibility of the registered manager but lacked a person-centred approach from the provider and disregarded the views of people living at the service.
- People were engaged in activities that they liked to be involved in. People told us that the activities were

enjoyable and kept them occupied. Relatives and people living at the service were asked to complete surveys to give feedback on the care provided.

- Staff told us that they felt well supported with regular supervisions and training.

Continuous learning and improving care

- There were a clear focus on continuous learning from staff and management.
- The registered manager was keen to learn and make improvements. They were receptive to the feedback given and implemented some improvements whilst we were there. We did give feedback regarding call bells and the response times which they acknowledged. At times call bells were not always answered in a timely manner.
- The manager was open to suggestions and were keen to ensure people received a high standard of care and support. We discussed monitoring the call bells as they were not always answered in a timely manner.

Working in partnership with others

- The service had a good relationship with health professionals who supported them with the health needs of those using the service.
- The registered manager told us they had forged good relationships with visiting health professionals