

Laurel Villas Limited

# Laurel Villas Limited

## Inspection report

170-172 Tulketh Road  
Ashton on Ribble  
Preston  
Lancashire  
PR2 1ER

Tel: 01772720609

Date of inspection visit:  
22 March 2022

Date of publication:  
11 May 2022

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Laurel Villas provides personal care for up to 24 older people in the Ashton area of Preston. The home is arranged over two floors with lift access. Accommodation is provided in single rooms with ensuite facilities. There was a variety of well-furnished communal areas for people to socialise in or enjoy some quiet time. The gardens were large and well maintained, one of the people living in the home assisted in the garden. At the time of inspection there were 19 people living in the home.

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

People received safe care from staff who were committed to providing high-quality care. Staff had received training and their competencies had been checked, which helped ensure care quality was maintained.

People living in the home, their relations and staff working in the home praised the caring and approachable nature of the registered manager. People said they were happy living or working in the home.

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.

The registered manager did not have consistent oversight of some aspects of the service. Auditing remained irregular and some opportunities to identify hazards had been missed. These had been addressed during the inspection.

### Rating at the last inspection and update

The last rating for this service was requires improvement, published 24 April 2020. At our last inspection we recommended that the provider made improvements in relation to; the safe management of medicines, staff recruitment and good governance. At this inspection we found improvements had been made in relation to medicines management and recruitment. However, further improvement was needed in relation to good governance.

### Why we inspected

This focused inspection was prompted by a review of the information we held about this service.

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 that the service can respond to COVID-19 and other infection outbreaks effectively.

We undertook this inspection at the same time as the Care Quality Commission (CQC), inspected a range of urgent and emergency care services in Lancashire. To understand the experience of social care providers' and people who use social care services, we asked a range of questions in relation to accessing urgent and

emergency care. The responses we received have been used to inform and support system wide feedback.

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Laurel Villas Limited

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. 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 completed by two inspectors.

#### Service and service type

Laurel Villas 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.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection.

#### 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 professionals 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 this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and deputy manager. We spoke with four people who lived in the

home. We used a questionnaire to seek the views of five members of staff which included care staff, kitchen staff and domestic staff and we spoke with a further two members of care staff. We spoke with the relatives of five people on the telephone over the following days. We observed one mealtime. We toured the building and looked at communal rooms, bathroom facilities and some bedrooms.

We reviewed a range of records. This included five people's care records and several people's medicine records, we checked the maintenance and fire safety records. We looked at three staff recruitment files and information relating to staff training and support. We looked at auditing and quality review records and the homes policies and procedures.

# 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 had improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At the last inspection we recommended, the registered provider consults with and consistently follows good practice guidance for the management of medicines. At this inspection we found improvements had been made.

- The provider's medicines management policies and procedures helped ensure medicines were managed safely. Medicines were stored and administered as prescribed, by staff who had received training and had their competencies checked by managers.
- There was clear guidance to support staff decision making in the administration of 'as and when required medicines.
- Medicine administration records (MAR) had been completed and signed properly. Where staff had given as required medicines the reason for administering this had been recorded on the back of the MAR.

### Staffing and recruitment

At the last inspection we recommended the provider review their recruitment practices to ensure they can evidence they are adhering to Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found improvements had been made.

- People were supported by staff who had been recruited safely. The provider's robust recruitment procedures had been followed, which helped ensure staff were suitable to work with vulnerable people.
- The provider used a system to calculate how many staff were needed on duty to meet people's needs. This had been updated to reflect changes. The rotas showed staffing levels had been maintained at the level assessed as needed.
- We saw staff appeared to have time to spend with people and attend to them when requested. Relatives we spoke with said there always appeared to be enough staff. Comments included; "Whenever I visit there are enough staff." and "There have always been plenty of staff when we visit." One relative told us "During lockdown when we were doing window visits they struggled a bit but recently they appear to have enough staff."

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- We looked at environmental risk management records and looked around the home to check for any environmental risks. We found some fire doors had been propped open. We discussed this with the registered manager who agreed to remedy this during the inspection by ensuring all bedroom doors could

be open, if the person preferred, but be linked to the fire safety system which would ensure the doors closed in the event of the fire alarm being triggered.

- Maintenance records which included; fire safety system tests, water temperature checks, gas and electricity safety certificates, and electrical portable appliance testing, (PAT) were up to date.
- The providers risk management procedures supported people to manage risks in their daily lives. Care records included risk assessments in relation to mobility and falls, nutrition, weight and skin integrity. Risk assessments had been reviewed and updated in response to changes.
- The provider had encouraged positive risk taking, this included one person who managed some of their own medicines.
- Risk assessments in relation to specific medical conditions were in place to guide staff when to recognise increased risks and how they should respond.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with and their relations said they felt the home was a safe place to live. Comments included, 'We think [name] is safe, they seem to have kept [name] safe.' And 'I believe [name] is safe because it is a small home and is locally run.'
- The providers policies and procedures helped to protect people from the risk of abuse. Safeguarding matters had been reported to the local authority, as required, and safeguarding records were up to date.
- Staff had received training about safeguarding and understood how to recognise any concerns. Staff we spoke with all said they knew how to raise concerns.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The providers visiting policies helped ensure people continued to have visits safely. Policies were updated in line with government guidance. There were a variety of visiting options available for relatives and friends, this included; pod visits and visiting in the home.



# 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. We found some improvements were still needed to strengthen quality assurance.

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

At the last inspection we found auditing systems were inconsistent and made a recommendation about this. At this inspection some, but not enough improvement had been made.

- The registered manager's completion of audits and oversight of records relating to care and the premises continued to be inconsistent. Audits had not been completed at regular intervals and there was no schedule to identify how frequently some audits needed to be completed.
- Opportunities to identify potential hazards had been missed. The registered manager responded during the inspection.
- Staff were clear about the standards of care and conduct the registered manager expected. Handover documents helped ensure staff were aware of what they were doing each shift. Staff were committed to working at the home and praised the caring nature of the registered manager.

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

- The registered manager and staff team worked together to achieve person-centred care which achieved good outcomes for people. Relatives we spoke with said; "The home is well managed, they know [name] so well, and staff keep people entertained." And "The registered manager and staff are always very helpful." and "I think the home is well managed because of the way they communicate with me. Staff always seem happy and positive."
- Staff told us; "Everyone comes together nicely, as one. We have more quality time with people." And "The team are friendly and work well together."

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 was aware of their obligations in relation to the duty of candour. Relatives confirmed they were contacted and kept up to date with all incidents and events in their relations lives. Comments included; "They are good at informing me of any issues and I can get in touch if I need to." And "The manager keeps in touch and keeps us up to date."
- The registered manager had notified appropriate authorities of any incidents they were obliged to do. This included notifications to CQC and local authority safeguarding.

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

- Most relatives we spoke with said they had not been asked to give their feedback on the service in a formal way, such as through surveys or questionnaires. One relative felt this would be worth doing to allow people to provide positive feedback as well as raise any concerns. We discussed this with the registered manager who acknowledged they had not used surveys in the last 12 months and would review this.
- Everyone we spoke with said they felt able to raise anything directly with the registered manager and staff team and were confident this would be responded to. Staff meeting minutes showed staff were invited to share their views and contribute to discussions.
- Opportunities to engage with the community were increasing as some of the restrictions related to the COVID-19 pandemic were easing.

Working in partnership with others; Continuous learning and improving care

- The provider and registered manager continued to work in partnership with other organisations. This had included being involved in a pilot scheme for digital health which had added value to people's access to health services. The home had also participated in a scheme to support people being discharged from hospital to free up hospital beds during the pandemic.
- Both schemes had provided opportunities for staff to learn new ways of caring for people which improved the quality of care.
- Broader opportunities for learning such as attending forums and conferences had been limited due to the impact of the COVID-19 pandemic. This will be reviewed by the provider and registered manager.