

Tamaris Healthcare (England) Limited

The Laurels Care 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

About the service

The Laurels is a residential care home providing personal and nursing care to 47 people aged 65 and over at the time of the inspection. The service can support up to 50 people.

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

People told us they received safe care and were happy living there. Medicines were managed safely. There were enough staff to meet people's needs. Staff followed infection prevention and control guidelines. Safe recruitment procedures were in place.

Staff sought people's consent before providing care and support. 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. Staff training in key areas was up to date.

People were treated with kindness and compassion. Staff respected people's privacy and dignity and people were supported to be as independent as possible. Staff had built positive and caring relationships with people.

People received personalised care that was responsive to their needs and preferences. It was clear from our conversations with staff they knew people's needs well. People knew how to make a complaint, although nobody we spoke with had any.

There were effective systems in place to monitor the quality of the care provided. People's feedback was sought regularly and acted upon. We received positive feedback about how the service was managed.

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 good (published 20 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Laurels 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

This inspection was carried out by two inspectors on the first day and one inspector on the second day.

Service and service type

The Laurels 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

The 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 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 of this information to plan our inspection.

During the inspection

We spoke with 12 people who used the service and eight relatives about their experience of the care provided. We spoke with thirteen members of staff including the regional manager (provider's

representative), registered manager, nurse in charge, senior care workers, care workers, the chef and housekeeping staff. We spoke with two health care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and 15 medicines records. We looked at five 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 sought additional information from the provider regarding maintenance checks and people's pressure care needs.

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.

Using medicines safely

- Medicines were managed safely, but the recording of people's prescribed thickeners could be improved. Several people with swallowing difficulties were prescribed thickeners to be added to drinks so they could drink safely. There was not a consistent system for recording when this was administered, although staff we spoke with knew how much people needed so the risk was reduced. The registered manager had already identified this was an area for improvement and was working to rectify this.
- Guidance on 'when required' medicines, such as pain relief, lacked detail and did not always describe people's symptoms for staff to look out for. Staff we spoke with knew people's needs in this area well, so any risk was reduced. We received evidence after the inspection that this issue had been immediately rectified. Other medicine records we checked had been completed accurately.
- Staff who administered medicines had completed up to date training and their competence was checked regularly.
- Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Records relating to controlled drugs had been completed accurately.

Assessing risk, safety monitoring and management

- There were gaps in the records of safety monitoring checks, such as water and emergency lighting. The service had recently employed a new maintenance person. They had not started working in the home yet as the appropriate background checks were not complete. The registered manager agreed to ask a maintenance person from another of the provider's homes to bring the checks up to date. We received confirmation after the inspection these checks were now up to date.
- Risk assessments relating to the environment and other hazards, such as fire and food safety were carried out and reviewed regularly.
- Fire drills happened regularly. Each person had a personal emergency evacuation plan (PEEP) which contained details about their individual needs, should they need to be evacuated from the building in an emergency.
- Staff had assessed people's personal risks and actions were put in place to reduce them. Staff encouraged and supported people to be safe. This included the use of hoists, walking frames and guiding people towards appropriate seating.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt the service was safe and were happy with the care provided.

- Staff had been trained in safeguarding people. They said they felt confident in reporting any concerns to the registered manager.
- Staff were skilled in using distraction techniques to prevent conflict between people and reduce the risks of abuse.

Staffing and recruitment

- A thorough recruitment and selection process was in place which included references from previous employers and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions by reducing the risk of unsuitable people working with vulnerable people.
- There were enough staff to meet people's needs promptly and keep them safe. Staffing levels were determined by a dependency tool which took into account people's needs.

Preventing and controlling infection

- The home was clean and tidy.
- Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons, to reduce the risks of cross infection.
- The laundry area had a separate room for clean clothes to avoid cross contamination.

Learning lessons when things go wrong

- The registered manager carried out a monthly analysis of accidents in the home. Actions were put in place to avoid incidents reoccurring.

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 remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The meal time experience was not always consistent. On the first day of inspection lunch in one dining room was disorganised and one person did not receive their choice of meal. When we mentioned this to the registered manager they said seven people were due to attend an event in the community that afternoon, and staff had been focusing on that. The registered manager acknowledged that better arrangements could have been made, and those people due to go out could have been given their lunch earlier. In the other dining room a much better service was provided. On the second day of inspection the meal time experience was much improved.
- People ate from blue plates. These were used to enable people living with dementia to see their food more clearly.
- Staff supported people to eat where they chose. People said the food was good and there was always a choice.
- Staff completed food and fluid charts in a timely way. Drinks and snacks were readily available throughout the day.
- Where people were at risk of poor nutrition, plans were in place to monitor their needs closely and professionals were involved where required. Where people required their food to be prepared differently because of problems with swallowing, for example, this was catered for. Kitchen staff we spoke with had a good understanding of people's nutritional needs.

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

- Comprehensive assessments of each person's needs were completed before a care placement was agreed or put in place, to ensure the service could meet people's needs.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction.
- Staff were competent, knowledgeable and skilled. They carried out their roles effectively. Staff training in key areas was up to date.
- Staff told us, and records confirmed, they had regular supervision meetings to support their development.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People were supported to access appointments with healthcare professionals such as the GP, occupational therapist and community nurse. Referrals to the falls team, dietician and other health care professionals were made appropriately and care plans reflected the advice and guidance provided by healthcare professionals.
- Regular multi-disciplinary meetings took place at the service to review changes in people's needs. These were attended by nurse practitioners, community nurses and care home staff.
- Staff understood people's healthcare needs and acted appropriately when they recognised changes in people's health.
- A health care professional we spoke with during our visit said, "This is a very friendly home. People's records are always up to date and the staff are approachable."

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.

- The service was working within the principles of the MCA. Capacity assessments were carried out and DoLS applications had been made appropriately.
- Decisions made in people's best interests were appropriate and involved relevant professionals and family members.

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

- The premises and environment were designed and adapted to meet people's needs. There was clear signage for people, including pictorial signs to help with orientation.
- The provider had accredited the service with their dementia care framework award. This meant the environment and the staff had met the provider's standards for meeting the needs of people living with dementia.
- People's bedrooms were personalised with items such as pictures and furnishings they had chosen.
- People had access to a safe and secure garden space.

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

- Staff treated people with kindness and respect. One person said, "The staff are really kind. It's perfect here. There's not one member of staff you can fault." A relative told us, "I come in everyday and the staff are spot on."
- Staff were trained in equality and diversity and the provider had an equality and diversity policy in place to protect people and staff against discrimination.
- The registered manager regularly observed staff practises and interactions with people, including unannounced visits at night to ensure care standards remained at the appropriate level.

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

- Staff supported people to be involved as much as possible with making decisions about their care. People and relatives told us they took part in discussions about people's care and support needs.
- The provider regularly consulted with people and their relatives to capture their views about the service.
- Relatives told us they felt able to express their views about the care provided.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person told us, "They always treat me with respect."
- Staff knocked on doors and sought permission before entering.
- People were promoted to be as independent as they were able, without risks to their safety. One person told us, "I like to keep doing things for myself as much as possible. Staff know how important this is to me."
- People's confidential information was held securely.

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; 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

- Care plans contained detailed information about people's likes, dislikes, routines, personal history, cultural and religious needs.
- Care plans were reviewed regularly and reflected people's current needs.
- Staff welcomed relatives into the service, so people could be supported to maintain important relationships. Fold up chairs were available, so relatives could sit close to their family members when they visited.
- People had access to a range of activities to reduce social isolation. There were numerous photographs of people enjoying activities displayed around the service.
- People living with dementia had access to sensory items and empathy dolls which can help to reduce anxiety.
- The activities co-ordinator spoke enthusiastically about their role and a forthcoming 'Arabian Nights' themed event for national care home open day. People told us themed events were held regularly and they really enjoyed them as all the staff got involved.
- People were supported to maintain their religious beliefs. We spoke to the local vicar during our visit who spoke positively about the service and how they were always made to feel welcome.

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.

- Information about the service was available in alternative formats if people needed it.
- Care plans contained information about people's communication needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the deputy manager. Relatives told us they felt confident in approaching the registered manager and the staff to raise any concerns.
- No one we spoke with had any concerns or complaints.

- Records showed complaints had been dealt with appropriately and promptly.

End of life care and support

- No one was receiving end of life support during our inspection. Relatives had sent thank you cards to the service which showed they appreciated the end of life care provided by staff.
- The provider had arrangements in place to discuss with people their end of life wishes. Staff had completed end of life care plans for people willing to discuss this sensitive issue.

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 has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and staff had confidence in the management team.
- People and staff said the management team were approachable and they would raise any concerns with them straight away.
- There was a positive atmosphere at the home. We saw people and staff interacting with each other throughout the day and enjoying each other's company.
- Staff told us they worked as a team to deliver high standards of care.
- People and their relatives felt fully involved in the service.

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 was open with people and relatives when things went wrong.
- During the inspection the registered manager and regional manager were quick to respond to issues raised.
- When people received poor care outside of the service the registered manager ensured the matter was addressed and the appropriate authorities were alerted.

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

- The registered manager and staff understood their roles and responsibilities.
- Staff strived to ensure care was delivered in the way people needed and wanted it.
- There was good communication within the staff team, and there were clear lines of responsibility.
- The Care Quality Commission (CQC) had been notified of events which the provider was legal obliged to share.

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

- Feedback from people and relatives was sought regularly. Positive feedback about the quality of care was received.

- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people.
- The service had received several thank you cards which contained numerous positive comments from relatives about the service.
- Staff meetings were held regularly. Staff told us they had plenty of opportunities to provide feedback about the service.
- Staff morale was good. Staff told us they felt supported and respected.

Continuous learning and improving care

- The provider had a range of governance systems to monitor the quality of the service and to drive improvement. Information was gathered from all the provider's services and analysed and reviewed for trends.
- Clinical information formed part of the manager's monthly report which was reviewed by the provider.
- The registered manager attended regular manager meetings where best practise and learning points were shared.

Working in partnership with others

- There were good community links. The service was part of a project which involved people exchanging letters with children at the local school. People had hosted an afternoon tea which the school children attended. People told us they had enjoyed this very much and were looking forward to the children hosting a social event at the school in the near future.
- The service worked closely with external health and social care professionals to achieve positive outcomes for people.