



*Making Social Care
Better for People*

inspection report

CARE HOMES FOR OLDER PEOPLE

The Laurels Care and Nursing Home

**Bankside Lane
Bacup
Rossendale
OL13 8GT**

Lead Inspector
Mrs Susan Hargreaves

Unannounced Inspection
19th March 2009 09:35

The Commission for Social Care Inspection aims to:

- Put the people who use social care first
- Improve services and stamp out bad practice
- Be an expert voice on social care
- Practise what we preach in our own organisation

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This is a report of an inspection to assess whether services are meeting the needs of people who use them. The legal basis for conducting inspections is the Care Standards Act 2000 and the relevant National Minimum Standards for this establishment are those for *Care Homes for Older People*. They can be found at www.dh.gov.uk or obtained from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering: www.tso.co.uk/bookshop

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SERVICE INFORMATION

Name of service	The Laurels Care and Nursing Home
Address	Bankside Lane Bacup Rossendale OL13 8GT
Telephone number	01706 877171
Fax number	01706 870106
Email address	
Provider Web address	
Name of registered provider(s)/company (if applicable)	Regency Healthcare Ltd
Name of registered manager (if applicable)	Manager post vacant
Type of registration	Care Home
No. of places registered (if applicable)	28
Category(ies) of registration, with number of places	Dementia (15), Mental disorder, excluding learning disability or dementia (3), Old age, not falling within any other category (25)

SERVICE INFORMATION

Conditions of registration:

1. The registered person may provide the following category of service only:
Care home with nursing - Code N

To service users of the following gender:

Either

Whose primary care needs on admission to the home are within the following categories:

Old age, not falling within any other category - Code OP (maximum number of places: 25)

Dementia - Code DE (maximum number of places: 15)

Mental disorder, excluding learning disability or dementia - Code MD (maximum number of places: 3)

The maximum number of service users who can be accommodated is: 28

Date of last inspection 2nd September 2008

Brief Description of the Service:

The Laurels offers 24-hour care for up to 28 older people including those suffering from dementia or a mental disorder. The home provides both nursing and personal care.

The Laurels is a detached grade 2 listed building with extensive grounds. There is a garden area, which is easily accessible to residents when the weather permits. A car park is available for use by visitors and staff.

Accommodation is provided in single and twin-bedded rooms. There are no en-suite rooms but toilet and bathroom facilities are easily accessible, Communal lounges and dining rooms are located on the ground floor.

The home is situated close to the centre of Bacup and all local amenities.

The current fees charged at The Laurels are £329 to £675 per week. Additional charges are payable for hairdressing, newspapers and toiletries. A statement of purpose and service user guide is available to prospective residents and their relatives on request.

SUMMARY

This is an overview of what the inspector found during the inspection.

The quality rating for this service is **1 star**. This means the people who use this service experience **adequate** quality outcomes.

A key or main unannounced inspection, which included a visit to the home, was conducted at The Laurels Care and Nursing Home on 19 March 2009. The last key inspection took place on 2 September 2008. Information about this can be obtained from The Laurels Care and Nursing Home or www.CSCI.org.uk. No additional visits have been made since the last inspection.

The manager completed an annual quality assurance assessment several weeks before the last key inspection. This document, which is also relevant to this inspection, is a self-assessment that focuses on how well outcomes are being met for people who use the service. It also gives us some numerical information about the service. The manager also completed an improvement plan explaining the action they were taking to meet the requirements made at the last key inspection and improve outcomes for people who use the service.

Five completed surveys were returned from people who use the service and six from members of staff.

At the time of this visit twenty-six people were living at the home. A tour of the premises took place and we looked at staff files and care records. We also spoke to members of staff on duty, people who use the service and their visitors. A pharmacist inspector looked at how medication was managed. Discussions also took place with the manager and provider regarding issues raised during the inspection.

What the service does well:

People who use the service were treated with respect and personal care was carried out in private. One person said, "The staff are very nice. Nothing's too much bother for them." One person who completed the survey described the staff as very supportive.

The relative of a person using the service said, "The staff are wonderful."

Training for all members of staff was actively encouraged. More than half of the care workers have National Vocational Qualifications in health and social care at level 2 or above.

All the people asked said the meals were good. One person said, "I've enjoyed my dinner." Another person said, "The food is good, you get your fill."

What has improved since the last inspection?

Action has been taken to comply with the requirement made at the last key inspection to ensure the safety of people using the service by carrying out essential repairs. The broken lock to one bedroom door has been repaired, the door to a bathroom used for storage is kept locked and internal doors including the damaged ones have been fitted with decorative panels.

The following improvements have been made which meet the good practice recommendations made at the last key inspection.

To help improve the wellbeing of people living at the home the range of leisure activities offered to people using the service has increased.

The manager works more shifts when another nurse is on duty so that she has time to carry out her managerial responsibilities.

What they could do better:

To make sure members of staff know what they have to do in order to fully meet the needs of people who use the service prompt action must be taken to improve care planning. All care plans must accurately identify the care needs of each person and provide clear directions for staff to follow explaining how these needs are to be met. Care plans must also be up dated when the needs of a person change. Wound care records must include detailed information about the type and precise location of the wound. To promote the health and wellbeing of people using the service dressings that need changing should not be left until the following day.

To make sure people using the service enjoy their food the hot meals for people who are waiting to be fed should be kept warm in the kitchen.

It is of concern that management have not taken action to ensure that the requirements made about improving care planning at the last key inspection have been addressed. The manager should put a system in place which monitors care planning to ensure care plans provide sufficient information so that members of staff know what they need to do in order to provide person centred care.

Please contact the provider for advice of actions taken in response to this inspection.

The report of this inspection is available from enquiries@csci.gsi.gov.uk or by contacting your local CSCI office. The summary of this inspection report can be made available in other formats on request.

DETAILS OF INSPECTOR FINDINGS

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Scoring of Outcomes

Statutory Requirements Identified During the Inspection

Choice of Home

The intended outcomes for Standards 1 – 6 are:

1. Prospective service users have the information they need to make an informed choice about where to live.
2. Each service user has a written contract/ statement of terms and conditions with the home.
3. No service user moves into the home without having had his/her needs assessed and been assured that these will be met.
4. Service users and their representatives know that the home they enter will meet their needs.
5. Prospective service users and their relatives and friends have an opportunity to visit and assess the quality, facilities and suitability of the home.
6. Service users assessed and referred solely for intermediate care are helped to maximise their independence and return home.

The Commission considers Standards 3 and 6 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

3 Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

A thorough admission procedure ensured the health and social care needs of people using the service were identified and met.

EVIDENCE:

A copy of the statement of purpose and service user guide is available to prospective residents and their relatives on request. These supply information about the care and facilities provided at the home.

The manager or a senior member of staff visited people who were considering using the service in hospital or their own home before admission. The purpose of this visit is to assess the person's health and personal care needs to ensure they can be met at the home.

Four of the five people who use the service who completed surveys indicated that they had received enough information about the home to enable them to decide if it was suitable before they went to live there.

The care records of a person admitted to the home earlier this year contained a detailed pre-admission assessment. This assessment provided important information for the development of the care plan.

Standard 6 is not applicable to this service.

Health and Personal Care

The intended outcomes for Standards 7 – 11 are:

7. The service user's health, personal and social care needs are set out in an individual plan of care.
8. Service users' health care needs are fully met.
9. Service users, where appropriate, are responsible for their own medication, and are protected by the home's policies and procedures for dealing with medicines.
10. Service users feel they are treated with respect and their right to privacy is upheld.
11. Service users are assured that at the time of their death, staff will treat them and their family with care, sensitivity and respect.

The Commission considers Standards 7, 8, 9 and 10 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Deficiencies in care planning and the management of medication means that people who use the service do not always receive person centred care.

EVIDENCE:

We looked at the individual care plans of four people who use the service. Although these plans contained some information about the health and personal care needs of each person there were some significant deficiencies in key areas. Some of the care plans did not accurately identify and address the health and personal care needs of each person or provide clear guidance for staff to follow in order to ensure they received person centred care.

The care records for one person indicated that skin irritation was a problem and the cause of continuing discomfort but a care plan giving clear directions for staff to follow about how to effectively manage this was not in place.

Risk assessments identified that three of these people were at a high risk of developing pressure sores. However, none of them had a care plan in place explaining what action staff needed to take in order to manage this risk and help prevent the formation of pressure sores.

A wound care plan for one person had been written several months ago and although there was some evidence that this had been reviewed the care plan had not been updated when the condition of the wounds had changed. Moreover, this plan did not provide detailed instructions for staff to follow about the treatment of the wounds including the type of dressing to use and the frequency of dressing changes. The information written on the wound treatment records for this person was unclear about the precise location and nature of the wounds. The daily report stated on one occasion that the dressing needed changing but this was not done until the following day.

Care plans and risk assessments were reviewed monthly to make sure they were still relevant. However, this process was not done thoroughly enough because the deficiencies were unnoticed. The person using the service or their relative had signed the care plans indicating their agreement with the care provided.

There were records of the involvement of GP's and other healthcare professionals including the chiropodist and district nurses in the care of people who use the service.

Personal care was carried out in the privacy of the person's own room or the bathroom. Members of staff were observed attending to people in a friendly and professional manner. One person said, "The staff are very nice, nothing's too much bother for them." The five people who completed the survey all indicated that they received the care and support they needed.

The pharmacist inspector looked at how medication was managed at the home and reported as follows:

We found that there were policies and procedures in place for staff to follow to ensure that medicines were generally handled safely.

Medicines were generally stored securely and handled only by nurses.

However, some medications e.g. creams and bath oils, were kept in people's rooms and administered by care staff. In order to protect people, it is important that these items are stored safely and that clear written instructions are in place to ensure that the carers can use them correctly.

We looked at a sample of medicines and records and found that most medicines could be accounted for. However we found some medications and dressings had not been recorded when they were received into the home, administered and/or disposed of. It was impossible to see whether these items

had been given or used correctly as we could not see how much stock should be present.

Some people had been prescribed medicines such as painkillers, creams and antihistamines (for allergies or skin problems) that had to be given only 'when required'. There were no clear guidelines for staff to follow stating how and when these medicines should be given to each individual. People are at risk of receiving their medicines incorrectly (too much or too little) and inconsistently (not at the right time) when staff do not have clear written information to follow.

Daily Life and Social Activities

The intended outcomes for Standards 12 - 15 are:

12. Service users find the lifestyle experienced in the home matches their expectations and preferences, and satisfies their social, cultural, religious and recreational interests and needs.
13. Service users maintain contact with family/ friends/ representatives and the local community as they wish.
14. Service users are helped to exercise choice and control over their lives.
15. Service users receive a wholesome appealing balanced diet in pleasing surroundings at times convenient to them.

The Commission considers all of the above key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

People's choices were respected and they were supported by members of staff to have a fulfilling lifestyle. Meals were wholesome and appetising and people enjoyed them.

EVIDENCE:

Discussion with people who use the service and members of staff confirmed that a variety of activities were organised at the home. These included card games and dominoes. Outside entertainers regularly visited the home and special occasions such as birthdays were celebrated. One member of staff said that some people had been making Easter cards. Several times during the inspection we observed members of staff sitting and chatting to people suffering from dementia.

During the afternoon of this visit the senior member of staff responsible for organising activities asked people using the service if they wanted to play dominoes. Several people were assisted to the dining area of a lounge where the game was played. The other people using that lounge were either watching television or looking at magazines.

One person who completed the survey commented that they enjoyed the singing and quizzes. However, another person wrote, 'They should have more activities because most of them are just sitting there.'

People using the service said their visitors were welcomed into the home at any time. Local clergy also regularly visited the home and offered communion to people who wished to practice their faith in that way.

Discussion with people who used the service confirmed that the daily routine was flexible. All the people asked said they could choose when to get up and go to bed.

The meal served at lunchtime looked wholesome and appetising. Members of staff were observed sitting and chatting with people using the service at lunchtime and assisting them with feeding when necessary. Lunch was unhurried allowing people time to socialise and enjoy their meal. However, the dining area where people suffering from dementia ate their meals looked uninviting because tablecloths were not used and the dining tables were not set with cutlery or condiments. Cups without saucers were put on the tables for people to use. When lunch was served three meals were left on a small table near to three people who needed help with feeding. At that time all the care workers were helping to feed other people. However, these meals were going cold and the people waiting could possibly see and smell them and then have to wait ten or fifteen minutes before they could enjoy them. These practices are institutional and do not promote the wellbeing of people suffering from dementia.

All the people asked said the meals were good. One person said, "The food's good you get your fill." Four of the five people who completed the survey indicated that they always liked the meals.

Complaints and Protection

The intended outcomes for Standards 16 - 18 are:

- 16.** Service users and their relatives and friends are confident that their complaints will be listened to, taken seriously and acted upon.
- 17.** Service users' legal rights are protected.
- 18.** Service users are protected from abuse.

The Commission considers Standards 16 and 18 the key standards to be.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

People who use the service felt able to express any concerns. Members of staff had a good understanding of safeguarding issues.

EVIDENCE:

A copy of the complaints procedure was displayed in the home and included in the statement of purpose and service user guide. Five people who use the service completed a survey and indicated that they knew how to make a complaint. The manager said no complaints had been made since the last key inspection. No complaints have been made directly to the Commission. The relative of a person who uses the service said that she would feel confident to make a complaint if necessary.

Policies and procedures about the safeguarding of vulnerable adults were in place. Discussion with two members of staff confirmed that they had received training in safeguarding vulnerable adults. They both said they would report any concerns to the manager or provider immediately.

Environment

The intended outcomes for Standards 19 – 26 are:

19. Service users live in a safe, well-maintained environment.
20. Service users have access to safe and comfortable indoor and outdoor communal facilities.
21. Service users have sufficient and suitable lavatories and washing facilities.
22. Service users have the specialist equipment they require to maximise their independence.
23. Service users' own rooms suit their needs.
24. Service users live in safe, comfortable bedrooms with their own possessions around them.
25. Service users live in safe, comfortable surroundings.
26. The home is clean, pleasant and hygienic.

The Commission considers Standards 19 and 26 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

Quality in this outcome area is **good**.

This judgement has been made using available evidence including a visit to this service.

The premises were well maintained and provided a comfortable and homely environment for people who use the service.

EVIDENCE:

A tour of the premises confirmed that the home was clean, tidy and well maintained. This provided a safe and comfortable place for people using the service to live. The five people who completed surveys indicated the home was always fresh and clean. People who use the service were encouraged to bring personal items for their bedrooms to make them more homely. These included ornaments, photographs and pictures for the walls. The grounds and gardens were well-kept and accessible to people using the service if they wished to sit outside when the weather permitted.

All the laundry was done at the home. A suitably equipped laundry room ensured clothes were washed promptly and returned to people using the

service. The relative of a person who used the service commented that her relative had clean clothes on everyday.

Gloves and plastic aprons were available for members of staff to use in order to protect themselves and people using the service from infection.

Staffing

The intended outcomes for Standards 27 – 30 are:

- 27.** Service users' needs are met by the numbers and skill mix of staff.
- 28.** Service users are in safe hands at all times.
- 29.** Service users are supported and protected by the home's recruitment policy and practices.
- 30.** Staff are trained and competent to do their jobs.

The Commission consider all the above are key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

27,28,29 and 30. Quality in this outcome area is **good**. This judgement has been made using available evidence including a visit to this service.

Members of staff were encouraged to acquire the skills and knowledge necessary in order to meet the individual needs of people using the service. Recruitment procedures were thorough.

EVIDENCE:

The duty rota provided details about the grades and number of staff on duty for each shift. Six members of staff completed the survey and stated there was usually enough staff on duty to meet the individual needs of people using the service. Four of the people using the service who completed the survey indicated that there was always staff available when needed and one sometimes.

The manager and provider explained that following the resignation of the qualified mental health nurse several months ago there had been no suitable applicants for the post. This nurse had been responsible for supervising the care given to a small number of people suffering from mental health problems. However, advice was readily available from a qualified mental health nurse working at another home within the company.

We looked at the file of the member of staff appointed since the last key inspection. This file indicated that all the required information had been obtained before this member of staff had started working at the home. This

included two written references and a Criminal Records Bureau check. These checks ensure people who use the service are protected from the employment of unsuitable staff.

Discussion with the manager and members of staff confirmed that training was actively encouraged. This included induction training for new employees, health and safety, moving and handling, fire safety, first aid and infection control. In addition to this more than half of the care workers had National Vocational Qualifications at level 2 or above in health and social care.

Management and Administration

The intended outcomes for Standards 31 – 38 are:

31. Service users live in a home which is run and managed by a person who is fit to be in charge, of good character and able to discharge his or her responsibilities fully.
32. Service users benefit from the ethos, leadership and management approach of the home.
33. The home is run in the best interests of service users.
34. Service users are safeguarded by the accounting and financial procedures of the home.
35. Service users' financial interests are safeguarded.
36. Staff are appropriately supervised.
37. Service users' rights and best interests are safeguarded by the home's record keeping, policies and procedures.
38. The health, safety and welfare of service users and staff are promoted and protected.

The Commission considers Standards 31, 33, 35 and 38 the key standards to be inspected.

JUDGEMENT – we looked at outcomes for the following standard(s):

31,33,35 and 38 Quality in this outcome area is **adequate**. This judgement has been made using available evidence including a visit to this service.

Management arrangements do not ensure people using the service receive person centred care. The views of people using the service are considered when decisions about the care and facilities provided at the home are made.

EVIDENCE:

The manager is an experienced nurse and is currently studying for the National Vocational Qualification registered manager's award. The home has been without a registered manager for eight months. However, the proprietors expressed their intention of asking the manager to apply for registration with the Commission within the next few weeks. Members of staff said the manager was approachable and supportive. One member of staff said, "This is nice, happy place to work, we all work well together."

Although the manager stated in the improvement plan that care plans would identify the needs of each person and be person centred there was limited evidence of this in the care plans we looked at. It is the responsibility of management to ensure that all care plans provide detailed information about the care needs of each person using the service. Care plans also need to clearly explain how these needs are to be met in order for people to be cared for in the way they prefer.

Discussion with the manager and providers confirmed that they were committed to monitoring the quality of the care and facilities provided at the home. They had achieved the nationally accredited ISO 9000 and the Investors in People award. People who use the service were asked to give their views about the home by completing satisfaction questionnaires at least once every year. The manager said she was always willing to discuss any aspect of the care provided with people using the service and their relatives.

Several people using the service had money kept at the home. To ensure this was managed safely records of all transactions were kept. We checked one of these during the inspection and found them to be up to date and accurate.

Policies and procedures for safe working practices were in place. These help to make sure the home is a safe place to for people to live and work. Fire alarms and emergency lighting were tested weekly. An up to date fire risk assessment was in place and fire drills took place regularly. We looked at records of the routine servicing of equipment. These included up to date gas safety and electrical installation certificates and evidence that the testing of small electrical appliances was carried out annually.

SCORING OF OUTCOMES

This page summarises the assessment of the extent to which the National Minimum Standards for Care Homes for Older People have been met and uses the following scale. The scale ranges from:

- 4** Standard Exceeded (Commendable) **3** Standard Met (No Shortfalls)
2 Standard Almost Met (Minor Shortfalls) **1** Standard Not Met (Major Shortfalls)

"X" in the standard met box denotes standard not assessed on this occasion

"N/A" in the standard met box denotes standard not applicable

CHOICE OF HOME	
Standard No	Score
1	X
2	X
3	3
4	X
5	X
6	N/A

HEALTH AND PERSONAL CARE	
Standard No	Score
7	2
8	2
9	2
10	3
11	X

DAILY LIFE AND SOCIAL ACTIVITIES	
Standard No	Score
12	3
13	3
14	3
15	2

COMPLAINTS AND PROTECTION	
Standard No	Score
16	3
17	X
18	3

ENVIRONMENT	
Standard No	Score
19	3
20	X
21	X
22	X
23	X
24	X
25	X
26	3

STAFFING	
Standard No	Score
27	3
28	4
29	3
30	3

MANAGEMENT AND ADMINISTRATION	
Standard No	Score
31	2
32	X
33	3
34	X
35	3
36	X
37	X
38	3

Are there any outstanding requirements from the last inspection? YES

STATUTORY REQUIREMENTS

This section sets out the actions, which must be taken so that the registered person/s meets the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The Registered Provider(s) must comply with the given timescales.

No.	Standard	Regulation	Requirement	Timescale for action
1.	OP7	15(1)	To ensure the care needs of all people using the service are met care plans must be person centred and accurately identify and address all the care needs of each resident. Timescale of 31/10/08 not met.	01/05/09
2.	OP7	15(2)(b)	To ensure members of staff have the information necessary in order to meet the individual needs of people using the service care plans must be up dated when the needs of the person change. Timescale of 31/10/08 not met.	01/05/09
3.	OP8	12(1)(a)	To ensure people using the service receive effective wound care detailed records must be kept about the care and condition of the wound. Timescale of 10/10/08 not met. To make sure wounds are treated correctly dressings must be changed when it is necessary and not left until the next day.	01/05/09

RECOMMENDATIONS

These recommendations relate to National Minimum Standards and are seen as good practice for the Registered Provider/s to consider carrying out.

No.	Refer to Standard	Good Practice Recommendations
1.	OP9	<p>Each person prescribed medicines to be taken 'when required' should have detailed written guidance as to how and when their medicines should be given in order to ensure they are given their medicines correctly and consistently.</p> <p>There should be clear written protocols for care staff to follow when they administer creams and other external products</p>
2.	OP15	<p>Meals should be kept warm in the kitchen for people who are waiting for members of staff to feed them.</p>
3.	OP31	<p>The manager should put a system in place which monitors care planning to ensure care plans provide sufficient information so that members of staff know what they need to do in order to provide person centred care.</p>

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