

Laureston House Limited

Laureston House Residential Home

Inspection report

Laureston House
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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

Laureston House Residential Home is a residential care home providing personal care to 20 older people, some of whom lived with dementia, at the time of the inspection. The service can support up to 21 people. Accommodation is provided in one adapted building across three floors.

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

Feedback from people, relatives and a health and social care professional was consistently positive about the service and staff. People told us they were happy with the care they received, and said staff were kind and caring. One relative wrote to the service and said they were really impressed with the atmosphere at the home and it was 'quite like home from home.'

Care plans had been re-designed and there was now clear information for staff to enable them to support people safely. Medicines management had improved and was now well managed. Health care professionals were positive about the safety of the home and the management of medicines.

Risks to people from the environment were managed. Where incidents or accidents had occurred, they had been recorded and acted upon appropriately.

There were enough staff to keep people safe and people's requests for support were responded to quickly. Staff had been recruited safely and had the skills, training and knowledge they needed to keep people safe. Staff understood how to protect people from the risk of abuse and ensure people's rights were protected. 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 service had been re-decorated where needed. There were new carpets in place and the service was free from odour. New storage had been arranged and the service was free from clutter.

People's needs had been assessed and assessments had been used to plan people's care. This included ensuring equality and diversity needs were met and communication needs. End of life care was discussed with people and their wishes and preferences were recorded. People were involved in planning their own care and their preferences and choices were respected.

People were happy with the food and drink at the service. Where people were at risk from dehydration, malnutrition or choking whilst eating staff provided the support people needed to remain safe. There was an activity coordinator and activities were varied. The service was lively, and people enjoyed the activities which were offered.

Staff worked well with other agencies and supported people to access healthcare services where needed

such as GP's, dieticians and dentists.

There was a complaints system in place. People had opportunities to feedback about the service through written surveys and residents and relatives' meetings.

There was a positive atmosphere at the service. Staff were well supported and supervised appropriately. Checks of the service quality were undertaken and issues were acted upon where identified.

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

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 25 December 2018). There were breaches of regulation relating to safe care, governance and person-centred care.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

Since the last inspection we recognised that the provider had failed to display their rating on their website. This was a breach of regulation a fixed penalty notice. The provider paid this in full and the rating is now on display.

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 ●

Laureston House Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Laureston House Residential Home 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

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 eight people who used the service and four relatives about their experience of the care provided. We also spoke to one visiting health care professional. We spoke with the registered manager and five care staff. 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 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.

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 Required Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At the last inspection the provider had failed to do all that was reasonably possible to mitigate risks to people's health and safety. And medicines had not always been managed safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- Care plans were now clear and up to date. Care plans contained the information staff needed to reduce risks to people. For example, where people had catheters there was information on how to prevent concerns from developing, how to identify if the person was becoming unwell and what to do if they did so. Staff measured and recorded fluid input and output to make sure the person was not retaining fluid as appropriate.
- Where people needed equipment to support them to remain safe this was in place. For example, where people needed pressure relieving equipment to reduce the risk of pressure sores developing. One health professional said, "They are on top of the ball with skin concerns. They keep a good eye on things and know what they are doing. I am really happy with the care and the standards here."
- People were protected from risks from the environment. For example, hoists had been serviced to make sure they were safe. There was an evacuation plan in place for each person to ensure they could be safely evacuated in the event of an emergency such as a fire. Evacuation equipment was in place and fire drills had been undertaken.

Using medicines safely

- People received their medicines as prescribed. Medicines were stored safely and kept secure.
- Medicine administration records (MARs). Where complete and accurate. For example, the count of medicines in the records matched the number of medicines in stock.
- There was information on what people's medicines were for and how they wanted to be supported to take them. Where people had 'as and when' medicines, such as pain relief, there was guidance for staff in place. For example, how often these medicines could be administered during a 24-hour period. We saw people were asked if they wanted pain relief medicine during the day.
- Staff received training to administer medicines and their competency was checked regularly.
- Some creams and liquids only remain effective for period of time after they are opened. Creams and bottles of liquids were dated so staff knew when they should no longer be used.
- Staff continued to monitor the temperature medicines were stored at to make sure they did not get too hot or cold. There was now a plan in place to take action if the temperature strayed out of the safe storage

range.

- There was now clear information relating to the use of thickeners to provide guidance for staff. Thickeners are used to alter the consistency of liquids where people have difficulty swallowing.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to identify someone may be being abused. Staff had undertaken safeguarding training and were confident any concerns raised would be acted upon and reported.
- The registered manager knew how to report concerns and was aware of the local safeguarding procedures.
- There was information on display for staff, people and their relatives about how to raise any concerns they may have. There had been no concerns since the last inspection.

Staffing and recruitment

- There continued to be enough staff to support people.
- Call bells were responded to quickly. One person said, "Yes, they come when I press the button, very good." Staff were not rushed and had the time they needed to assist people at their own pace.
- Checks had been undertaken to make sure staff were suitable to work with vulnerable people before they started. For example, appropriate references were sought and Disclosure and Barring service (DBS) checks had been completed which helped prevent unsuitable staff from working with people who could be vulnerable.

Preventing and controlling infection

- Staff continued to follow good infection control practice.
- The service was clean and free from clutter which could harbour infection.
- Personal protective equipment continued to be available and used appropriately. Soiled washing was separated to prevent cross contamination.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to prevent similar incidents happening again.
- Where incidents had occurred, they had been acted on appropriately. For example, where people had fallen, falls risk assessments had been updated and care plans reviewed to assess how the risk could be reduced through more support or equipment.
- Accidents and incidents were audited and monitored for trends.
- When concerns had been identified, these were discussed at shift handovers and at staff meetings and learning was shared with staff.

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 Required Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved in to the service to plan people's care and make sure staff had the skills they needed to support them. The assessment included looking at risks to people, personal care, medicine, nutrition and hydration, preferences and social inclusion. Assessments also looked at needs relating to people's protected characteristics under the Equality Act 2010, which includes disability, sexual orientation, or religion.
- Best practice tools were used to support the assessment of people's needs. For example, tools to assess the risks to people's skin integrity. These were updated regularly to assess if people's needs had changed.
- Feedback to the service had praised how welcoming staff were and how they had helped people to settle in. Relatives commented, "[My relative] and the family were welcomed and consulted closely as to [my relatives] needs, physical, emotional and social. Consequently, they settled in happily and fairly quickly" and "The staff are all very good. [My relative] is very settled here."

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider reviewed the programme of training to ensure it supported staff to develop the knowledge and confidence they need in their role. At this inspection we found improvement had been made.

- Most training continued to be online and DVD based. However, staff now undertook this in groups and had discussions to facilitate learning. Where staff needed further support with learning this had been provided. Staff were more confident in their knowledge and happier with the training. One staff said, "We do this as a team now, we have sessions as a group, that is working really well."
- Training continued to cover the areas needed to provide safe support such as manual handling and fire safety. Staff had also continued to complete training in areas relating to specific needs such as dementia care and end of life care.
- New staff completed the care certificate. The care certificate is an identified set of standards which social care workers must adhere to in their daily working life. New staff also undertook an induction and period of shadowing prior to working alone to learn people's routines.
- Staff continued to receive regular supervision and appraisal and told us they felt supported in their role.

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

- People told us they enjoyed the food. Comments included, "The food is very nice. I have my wine with lunch and I enjoy it." And, "Lunch was lovely, it is always nice."

- The menu was on display pictorially. The menu was changed every 4 weeks and people were involved in planning the menu at residents' meetings. When people did not like what was on offer that day, they were offered alternatives.
- Where people were at risk from choking or had difficulty swallowing there was information for staff on how to support them safely. For example, staff supported some people to eat.
- Where people were at risk of malnutrition their weight was monitored and had remained stable. Fluid intake was monitored where people were at risk of hydration. People had access to drinks throughout the day.

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

- Staff worked well with other agencies. Feedback from health and social care professionals was positive about the relationships staff and the registered manager had built with them. Comments included, "We all really like working in this home. They listen to us and are really on the ball".
- People had access to health care services where they needed it. This included GP's, the speech and language team, mental health care professionals, dentists and nurses. There had been positive outcomes for people as the result of referrals. For example, one person referred for physiotherapy had seen improvement in their mobility.
- There was information for people to take with them to hospital if this was needed. This included information on medicines, allergies, health needs and people's next of kin.
- Oral health risk assessments had been undertaken and people had oral health care plans in place. Staff had the skills and learning they needed to support people with this. People had been supported to access the dentist where concerns had been identified. People had the equipment they needed to maintain good oral hygiene such as access to new toothbrushes and denture cleaners.

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

At our last inspection we recommended the provider undertakes improvements to the service to ensure that they are properly maintained and suitable to the purpose for which they are used. At this inspection the provider had made improvements, and this was no longer a concern.

- There was now a maintenance person employed at the service to undertake day to day repairs and decoration. The carpets had been replaced and as a result the service was now free from odour.
- There was new storage and staff were able to store their coats and bags in the staff room meaning these items were no longer in the bathroom which was used by people.
- The door to the toilet had been changed meaning people who used walking aids could get in and out of the room safely and with ease.
- The service was decorated in a way which was suitable for people who lived there including dementia. For example, there were signs on doors to support people to find their way around the service. We observed people were able to navigate their way around independently.

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.

- Where people were deprived of their liberty applications had been made to the DoLS office for authorisation. New DoLS applications were discussed with staff so staff were aware of the changes to people's care needs.
- Where decisions were needed to be made on people's behalf these were recorded. Staff and the registered manager understood decisions needed to be made in people's best interests.
- People were offered choices throughout the day such as where they wanted to sit, what they wanted to eat and what they wanted to do. Staff respected people's decisions and choices and restrictions to people's freedom were minimal and proportionate.

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 Good. 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

- People were positive about staff and the support they received. People said, "I am happy, it's a nice place to be and I am happy living here" and, "Yes, I am happy, they are nice the staff." Relatives said, "We are very happy with the care [my relative] gets. The staff are lovely and very caring" and, "The staff really care about everyone. It is a lovely home."
- Staff chatted to people in a friendly way and relationships were positive and well balanced. We heard people talking and laughing throughout the day with staff. People were relaxed in staff company.
- People's equality and diversity needs were respected. For example, where people wanted to practice a religion they were supported to do so and had access to religious services.

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

- People's preferences and choices were clearly documented in their care plans. For example, what time people liked to get up and what time they liked to go to bed. These preferences had been taken into account when planning the staff rota to make sure they could be respected.
- People told us they were involved in making decisions about their day to day care. Communication plans were in place and staff were aware of people's communication needs. For example, there was information on what support people needed to understand communication and the importance of maintaining eye contact when talking to people where appropriate.
- Where people were not able to express their views through verbal discussion there was pictorial information in place to support communication between them and the staff supporting them.

Respecting and promoting people's privacy, dignity and independence

- There was information in people's care plans about what they could do for themselves. Staff were patient with people and gave people the time to complete tasks without rushing people or intercepting. For example, when people were making decisions for themselves about where they wanted to go.
- People's dignity was maintained. Staff were discrete when they asked people if they wanted to go to the toilet. Staff knocked on people's door before entering. Bedroom doors were closed when staff were supporting people with tasks such as eating when they were cared for in bed.
- People's records were stored securely in a locked cabinet. GDPR information was available for people. GDPR stands for General Data Protection Regulation and is a set of rules about the use and storage of personal data. People had been asked for consent to keep records about them and informed about what this data was to be used for.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At the last inspection the provider had failed to ensure that care was person centred. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 9.

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

- There was a new activity co-ordinator at the service. The level and variety of activity on offer had improved as a result and people were lively and engaged and told us they were happy.
- During the inspection people were engaged in various activities. For example, some people played board games and a group of military cadets came to visit people in the afternoon. The service had signed up to a reminiscence initiative designed to stimulate conversation and people enjoyed this activity during the day. Staff said, "People are going out much more. We have a taxi company which is wheelchair friendly. We have taken people to Farthingloe farm, the Battle of Britain at Capel le Ferne, the beach and had an ice cream."
- Where people spent time in their room, staff spent time with them and people had frequent contact with staff throughout the day.
- Relatives visited throughout the day. One relative told us they came to eat lunch at the service on a regular basis and felt welcome there. Another relative said, "We are always made welcome and offered a cup of tea."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans now included information on people's life history. Plans also included information on people's likes, preferences and wishes. There was information such as how people liked to spend their day. For example, one person liked to spend time in their room and enjoyed completing word puzzles. During the inspection we saw the person's wishes were respected, they were engaged in the activity they enjoyed and told us they were happy with the support they received.
- Care plans were up to date and continued to contain information on a range of aspects relating to people's needs, including emotional wellbeing and mental health. People and their relatives were involved in developing and reviewing care plans to ensure they continued to reflect their wishes.
- Staff knew people well and had used thoughtful approaches to support people and reduce the risk of anxiety. A health care professional told us about one person living with dementia and said, "[The registered manager] managed the situation well by reassuring [the person] and being creative with their approach based on the person's own likes and by including them in activities in the home such as folding washing."

Meeting people's communication needs

Since 2016 onwards all organisations which 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 had been assessed and there was guidance for staff on what support people needed to communicate.
- Where appropriate, information was available in alternative formats to aid communication. For example, there were easy read versions of documents such as the welcome pack. The menu was displayed in picture format and people had pictures to aid their understanding of information. Where needed information was also shared verbally with people and there was guidance for staff on how best to do this for individuals.

End of life care and support

- There were end of life care plans in place. These included information on how the person wanted to be supported at the end of their life. There was also information on whether the person wanted to be resuscitated in the event of an illness or accident which stopped their heart.
- The registered manager was continuing to build upon these plans and was working with people and their relatives to put in place advanced decisions. These are documents about specific treatment a person decides to refuse in advance. An advance decision to refuse treatment lets your healthcare team know your wishes if you are not able to communicate them.
- Staff had received training about end of life care and had knew how to arrange for anticipatory medicines where appropriate. These are medicines people may need at the end of their lives, such as those needed to manage pain.

Improving care quality in response to complaints or concerns

- There continued to be a complaints policy in place which was on display and accessible to people and their relatives. This was included in the welcome pack and available in easy read format.
- Residents and relatives also had the opportunity to raise concerns at the resident's meetings which were held regularly.
- No complaints had been received by the service since the last inspection. People and their relatives told us they had no cause to complain. One person said, "I cannot complain, the staff are lovely and there is nothing to complain about."

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

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

At the last inspection the provider had failed to consistently assess, monitor and improve the quality and safety of the services provided. The provider had also failed to maintain accurate and complete records of people's care. This was a breach of regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection improvements had been made and the provider was no longer in breach of regulation 17.

- Since the last inspection the provider had made improvements to the service. For example, the management structure was clearer for staff and the registered manager had more time to oversee the running of the service. Staff and the registered manager were happier in their roles and this had a positive impact on the atmosphere in the home which was warm and lively. One member of staff said, "In the last six months things have really improved. Families are noticing the changes. We have learnt so much from it and the improvements have been really good".
- Staff were well supported in their role. They had regular supervision and were positive about the management of the service. Staff told us communication had improved at the service and was now good. The registered manager said, "The biggest thing we have learnt is being open and honest. We talk about things as they happen and what we could have done differently."
- Record keeping had improved. For example, best interest decisions were now recorded as were staff competency assessments. Spot checks were also undertaken by the registered manager at various times during the day including when night staff were on shift.
- The registered manager kept up to date with best practice and changes within the sector. For example, they regularly attended events to learn about and share best practice.

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

- After the last inspection we identified that the provider failed to display their rating on their website. Providers are required to display their rating by law. We issued a fixed penalty notice for this breach of regulation. However, the provider rectified this issue and displayed as required. The rating was on display at the service in the hallway.
- Audits were now completed by the registered manager to check on the quality of the service. Audits

included food hygiene, fire safety, medicines, care plans, risk assessments and the environment and equipment. Where issues had been identified action had been taken and we found no concerns. For example, care plans had been regularly audited and were up dated where needed. An external audit of medicines had been recently completed and no issues had been identified.

- The registered manager had submitted notifications to CQC as required by law. For example, to notify us approval had been granted for applications to deprive people of their liberty under the Mental Capacity Act 2005.

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

- The registered manager continued to seek feedback from people and their relatives through an annual survey. There were regular meetings for people and relatives where they could share their views. People and relatives knew the registered manager well and could speak to them directly if they preferred or needed to do so. Feedback had been positive. Comments included, 'Staff are friendly', 'friendly and cosy', 'a positive move for [our relative] and a nice place to visit', 'good selection of menus' and, 'homely and the staff are caring.'

- There were regular meetings for staff. Staff told us they had opportunities to express their view and they felt listened too and valued.

- Feedback had been sought from health and social care professionals and was positive.

- There were links to the local community. For example, one person recently celebrated a special birthday and the staff had organised a tea party for this event for residents, relatives and members of the local community including fire service staff and staff from the local authority. Staff had linked to an initiative which encouraged people to write and send postcards to people living in care homes resulting in the person getting hundreds of birthday cards. After the event the family fed back to the service that it had had a real positive impact on their relative.

Working in partnership with others

- Health and social care professionals were positive about the service. One health and social care professional wrote to us and said, 'The registered manager has shown great leadership skill by building up a working relationship with our surgery for the benefit of patients.'

- People were referred to health and social care services appropriately such as GPs, nurses and mental health professionals. Staff were kept informed of the outcome of any health visit.

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

- There were no previous incidents which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.

- Where incidents had occurred, they had been responded to and acted upon. Lessons had been learnt and shared with staff and relatives had been informed where appropriate.