

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Laureston House Residential Home

Laureston House, Laureston Place, Dover, CT16
1QU

Tel: 01304204283

Date of Inspection: 15 October 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Safeguarding people who use services from abuse	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard

Details about this location

Registered Provider	Laureston House Residential Home
Registered Manager	Mrs. Ann Lott
Overview of the service	Laureston House Residential Home is registered to provide accommodation for 21 persons who require nursing or personal care.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 15 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people who used the service. These included observing the care and interactions between the people who used the service and staff and we spoke to relatives and health care professionals.

People told us that the service responded to their health needs quickly and that staff talked to them regularly about their plan of care and any changes that may be needed. People spoken with and observations made, did not raise any concerns with regard to the quality of care received. All staff spoken with demonstrated an appropriate level of experience and knowledge that enabled them to support people who lived at the service with their needs effectively.

We saw that the people who used the service were making choices about their lives and were part of the decision making process. People had their own individual routines which were respected. One person who used the service said "Staff are very good. I have no concerns". Another person said "Food is great, lovely choices and plenty of it". Another person told us , "If I was unhappy I would talk to the manager. Staff look after me well. I have no concerns".

A healthcare professional spoken with said they did not have any concerns about the quality of care within the service and stated that they and their colleagues visited regularly and found the staff and management to be responsive to recommendations made and that communication with the service was good.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We used a number of different methods to help us understand the experiences of people who used the service. These included observing the care and interactions between the people and staff and talking to the people who used the service and relatives. During these observations and discussions we noted people being supported with their needs and being offered choices. Staff were seen offering people choices and supporting people with their needs.

People spoken with indicated that the staff treated them well and that they felt reassured to be in their company. They indicated that they received the health and personal care they needed and that they were comfortable in the service. We saw that the people who used the service were making choices about their lives and were part of the decision process. People had their own individual routines which were respected. One person who used the service said "staff are very good. I have no concerns". Another person said "Food is great, lovely choices and plenty of it". One other person who lived in the service said "If I was unhappy I would talk to the manager. Staff look after me well. I have no concerns".

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We reviewed and discussed with the manager the care records of four residents at the home. These had sufficient detail and guidelines about the support needed to meet people's needs. They had an assessment of need, details on how to support the person and what assistance needed to be provided. Detailed guidance for staff was available so that they supported people consistently with actions that achieved the desired goal. The care plans were regularly updated. This meant people received the care they wanted and their needs were met.

There was guidance to staff about how a person's needs or wishes were to be supported in areas such as personal hygiene and eating. The care plans had some common themes for each person but also particular things about people, and highlighted what people could and could not do for themselves, making them individual and person centred. Risk

assessments were in place in all the care plans seen and evidence was available that they had been reviewed.

A healthcare professional spoken with said she did not have any concerns about the quality of care within the service and stated she and her colleagues visited regularly and found the staff and management to be responsive to recommendations made and that communication was good.

Care records and specific health care records seen, showed that people had access to a range of health care professionals including dentists and opticians when needed and they had regular health checks.

A range of activities were organised on an individual and group basis. During our visit we noted a range of activities taking place. Staff were also seen interacting with people who used the service on a one to one basis.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The provider responded appropriately to any allegation of abuse. Staff spoken with showed knowledge of safeguarding people from abuse and how and where to report any concerns. All stated that they were aware of the correct actions to follow and knew where the policies and procedures were and who to talk to.

Observations during the visit showed there was a relaxed atmosphere in the home and people chatted freely and openly with each other, the staff and management.

Staff had received training on how to keep people safe. This gave them the knowledge and the skills to do their jobs well and protect people from abuse. Training had also been delivered in relation to the Mental Capacity Act 2005. The manager advised that staff had completed adult safeguarding. We were given a copy of their training matrix which confirmed that this was the case. Staff members we spoke with confirmed that they had received training. None of the people living within the service were detained under the Mental Health Act 1983.

We discussed the provider's policy on safeguarding with the manager and looked at the policy currently in use. Members of staff we spoke with had an understanding of the local authority role in safeguarding, and knew how to contact them if they needed to, and told us they had seen a copy of the local authority guidelines. We also examined a copy of the provider's whistle blowing policy and were told by the manager of procedures in place for staff to report any concerns directly to a manager. The staff we spoke with all knew about whistle blowing, and how they would make any concerns known. However the provider may find it useful to note that the services safeguarding policy was in need of review.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment. However the services policy and guidance was in need of review to ensure compliance with current legislation.

Reasons for our judgement

There were effective systems in place to reduce the risk and spread of infection. People spoken with did not comment in great detail with regard to this outcome. All said staff took pride in keeping the place clean. One person said "the place was always kept fresh, hovered regularly, and was clean and tidy". During the visit we viewed all communal areas and sampled bedrooms. These areas were clean, tidy and free of malodour.

Facilities supported the hygienic management of laundry and promoted effective hand hygiene. The service employed a cleaner who worked on a rota basis to maintain a good standard of cleanliness and hygiene. Staff had access to aprons and gloves to minimise the risks of the spread of infection. Soap and towels were available at sinks and laundry practices followed good practice guidelines. This meant that people were protected from the risk of infection.

Whilst a cleaning schedule was in place the provider may find it useful to note that an infection control risk assessment was not available at the time of inspection for review and there was no evidence of regular audits and check to ensure appropriate guidance was followed.

The provider may find it useful to note that it was recommended that the infection control policy was reviewed to ensure it was compliant with the latest legislation and guidance.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

Appropriate checks were undertaken before staff began work.

People who used the service did tell us that the staff working at the service were "nice and kind". Relatives we spoke to told us that staff were knowledgeable about their relatives needs and were good at communicating with them. One relative told us "The staff always appear to be well trained". Another relative we spoke to told us, "The Staff are very experienced and treat my relative with dignity and respect. The manager is very good".

Appropriate checks were undertaken before staff began work. We found that all the information required by the regulations was available. These included a Disclosure and Barring Service (DBS) check. This is an employer's check to ensure that prospective staff are not barred from working with vulnerable people or have a criminal conviction that would make them unsuitable for their job. We saw that references were obtained that showed the staff were of good character and that their conduct was satisfactory in previous employment.

We saw that all staff had the necessary experience for their job. We noted the majority had or were working towards Vocational qualifications recommended by Skills for Care. We observed that staff had the necessary skills and attitudes to support people. This meant that staff with relevant skills and experience were recruited. Staff had training to maintain and develop their skills and were encouraged to take the opportunity to gain qualifications.

We saw that staff had completed a health declaration to show they were physically and mentally fit for their role. We saw that after any periods of sickness absence the manager met with staff.

We saw copies of signed job descriptions on staff files. These outlined the duties and responsibilities of the post holder, and also the standards of conduct expected. The home had a disciplinary procedure. This meant that staff were made aware of expected behaviour, and that there were systems in place to manage unsatisfactory conduct. This meant that the provider had systems in place to check that staff developed the necessary skills and experience and remained, fit to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and they were acted upon. We saw evidence of regular audits in relation to documentation on accidents, care planning, risk levels and the environment. We found that issues and discrepancies were addressed swiftly and effectively. However there was no evidence of an infection control risk assessment for the service.

We saw minutes of regular staff meetings where changes or issues within peoples care were discussed. In addition, we saw evidence of meetings with people who used the service to ensure they were consulted and encouraged to contribute their ideas about the running of the home. People who used the service told us that they were encouraged to make everyday choices and that they were asked their views on how the service was run. We saw evidence of surveys that the provider had sent to people who used the service their families and representatives and saw that all the comments were positive

This meant that systems were in place to enable the health, welfare and safety of the people who used the service to be monitored effectively by the provider.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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