

Laurel Care Home Limited

# Laurel 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:

Laurel Care Home is a family run nursing home which is registered to provide accommodation and nursing or personal care for up to 60 older people. At the time of our inspection there were 56 people living at the home.

### People's experience of using this service:

Staff training is developed and delivered around individual needs and learning styles. The provider had a pro-active, detailed training process that fully supported staff and actively encouraged their future professional development.

Laurel Care Home staffed above the core numbers of trained staff required. This ensured people received individual, person centred care and support at all times. Staff were themselves supported with a system of detailed, regular supervision and annual appraisals. Staff felt very well supported and commented positively on the range and quality of the training they received. Staff told us the training was "Excellent".

The service used innovative designs to adapt and improve the premises to enrich and benefit the lives of people living at Laurel Care Home. People were engaged and involved in design changes and their views were listened to and respected.

The service worked collaboratively with healthcare professionals and provided good end of life care. People experienced a comfortable, dignified and pain free death. There were members of staff with the specific skills to understand and meet the needs of people and their families in relation to emotional support and the practical assistance they needed at the end of the person's life. Staff were also supported by the service with empathy and understanding.

People and relatives consistently told us how they were treated with exceptional warmth, compassion and kindness. All staff told us they felt extremely well supported, valued and felt proud to work for Laurel Care Home. Many staff told us Laurel Care Home was the best home they had ever worked in. People and relatives gave high praise for all aspects of the service and the care and support that they received. One relative told us, "They care for everyone as if they are family. I can't fault them at all, they are simply amazing."

The service was very well-led. The registered manager demonstrated how their open and supportive management style and use of innovative schemes and ideas had sustained continual development and improvement throughout the service. They demonstrated ways of working that improved the outcomes for the people they supported. They were clear about their expectations relating to how the service should be provided and led by example. Staff felt extremely well supported and spoke highly of the registered manager and management team. Staff were passionate, committed and motivated to delivering quality person-centred care to people. Staff were proud of the service and morale was high within Laurel Care

Home.

Staff demonstrated a good understanding around the provider's safeguarding procedures and understood how to recognise potential signs of abuse. People and their relatives told us they felt very safe at Laurel Care Home.

People had detailed assessments completed for them which gave staff clear guidance to ensure people were cared and supported in ways they preferred.

People received personalised care and support in an individualised way, which was planned and delivered to meet their needs. Each person was respected as an individual, with their own social and cultural diversity, values and beliefs.

People's medicines were being managed safely, stored securely and administered by trained staff.

People were treated with respect, kindness and dignity by a staff team who showed genuine, warmth, compassion and commitment to provide people with the best levels of person centred care.

People and their relatives were fully involved in assessing and planning the care and support they received. People's ongoing health care needs were continually assessed and people were referred to health professionals when required.

The registered manager and staff team had built effective relationships with external health and social care organisations. People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible.

People and relatives knew how to make a complaint and felt confident they would be listened to if they needed to raise any concerns. People and relatives were encouraged to share their views about the service which were welcomed and acted upon.

There were a range of audits, policies and procedures in place to monitor the quality and safety of the service and ensure a culture of continuous improvement and learning took place.

More information in Detailed Findings below.

Rating at last inspection: Good (The date the last report was published was 30 August 2016).

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has remained rated as Good overall.

Follow up: We will continue to monitor this service and plan to inspect in line with our inspection schedule for those services rated as Good.

## 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 ●

# Laurel 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one CQC Inspector and a Specialist Nurse Advisor on the first day of the inspection and one CQC Inspector and an CQC Assistant Inspector on the second day.

#### Service and service type:

Laurel Care Home is a care home which provides accommodation for people who require nursing or personal care. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager in post. A registered manager is a person who has 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 on day one was unannounced.

#### What we did:

Before the inspection we reviewed information we held about the service. This included information about incidents the provider had notified us of and contacting health professionals for their views on the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what it does well and improvements they plan to make.

During the inspection, we spoke with nine of the people living at Laurel Care Home. We also spoke with 14

members of staff which included the registered manager, the deputy manager, the cook, administration staff as well as nursing and care staff. We spoke with two visiting relatives and immediately following the inspection we spoke with a further two relatives on the telephone and obtained their views on the service Laurel Care Home provided. We also received e-mail feedback from health professionals who had regular contact with the home.

We observed how people were supported and to establish the quality of care people received we looked at records relating to their care and support. This included individual care and support plans, and a selection of Medicine Administration Records (MARS). We also looked at records relating to the management of the service including; staffing rotas, staff recruitment, supervision and training records, premises maintenance records, training and staff meeting minutes and a range of the providers policies and procedures.

# Is the service safe?

## Our findings

Safe- this means we looked for evidence that people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- We asked people if they felt safe at Laurel Care Home. They replied, "Yes, of course" and "Most definitely... everyone here is lovely and we all get looked after so well."
- Relatives told us they felt Laurel Care Home was a safe place to live and they had peace of mind knowing their relative was safely supported and cared for.
- Staff received safeguarding training and spoke knowledgeably on how to spot the signs of potential abuse. They were aware of the correct action to take should people raise concerns with them.

Assessing risk, safety monitoring and management

- Risks to people and the service were assessed and staff demonstrated detailed knowledge on how people preferred their care and support to be given.
- Risk assessments were detailed, personalised and clearly guided staff to support people safely. Risks were managed using the least restrictive practices to ensure people were cared for safely whilst still maintaining their independence.
- Risk assessments were regularly reviewed and reflected the changing needs of each person to ensure their safety.
- The premises were maintained well. There was a forward plan of redecoration and the provider employed a small maintenance team to ensure all areas of the premises and grounds were kept to a safe standard.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks to reduce the risk of legionella. Certificates showed Laurel Care Home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- People, relatives, staff and visiting health professionals all told us there were enough appropriately trained staff available on each shift to ensure people were supported safely.
- One relative told us, "I can always find staff if I need them, there are plenty of staff around... all the staff are very good, they always check we are ok."
- The registered manager told us they recruited above the core number of staff the home required. This enabled a consistent commitment to people and ensured reduced reliance on agency staff to cover for holiday and unplanned staff absence. The service had just recruited a Registered Mental Health Nurse to expand the level of support they could offer people. Their support and knowledge would have a positive outcome for people and staff.
- The registered manager had introduced an additional twilight shift. Twilight shift staff could be used for a variety of areas, for example, in the summer months when people wished to spend more time out of their

bedrooms there was additional staff available to support them safely. At times some people had increased anxiety at this time of the day and the additional staff could spend time with these people decreasing their anxieties and improving their sense of well being. Staff told us the additional shifts had worked very well and had a positive impact on people.

- The staffing rotas reflected people were cared for by appropriate numbers of staff. The provider had a system in place to ensure any planned or unplanned staff absence could be covered within their own staff team or through use of agency staff who knew the people living at Laurel Care Home. This ensured people received consistent care from people they knew.
- Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment at Laurel Care Home. This ensured staff were suitable to work with people in a care setting.

#### Using medicines safely

- Medicines were stored, managed and administered safely. Records showed stock levels of medicines were correct. People had their allergies recorded and there was a clear system to ensure 'PRN' as required medicines were administered to people safely.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- The service held appropriate levels of palliative medicines to support people who were receiving end of life care. Nurses were trained to use specific supporting end of life pain relieving equipment when it was necessary to do so.
- Regular medicine management audits were completed to address any issues in medicine administration.
- The provider had recently consulted an independent pharmacy who would be implementing a computerised medicine administration system in the home. Staff felt this would improve outcomes for people as medicines would be kept in their original packaging and provide a more robust method of monitoring people's medicines.

#### Preventing and controlling infection

- People commented on the clean and welcoming atmosphere at Laurel Care Home. One person told us, "It's always lovely and clean. I can't fault it at all."
- The service had recently employed a Nurse (RGN) with infection control lead nurse experience. Staff spoke knowledgeably about the risk of cross contamination and how to prevent it. We observed staff wore appropriate personal protective equipment when it was necessary to do so.
- The registered manager had implemented the use of red stickers for people's bedroom doors. When used these highlighted to staff that people in the room had had a recent infection and alerted them to be extra vigilant to ensure all infection control procedures were followed.
- Detailed, monthly infection control audits were completed and there were robust cleaning procedures and systems in place for all areas of the home. These procedures adhered to current infection control regulations.
- The laundry was well organised, clean and bright and had a clear dirty to clean work flow to reduce the risk of cross contamination.

#### Learning lessons when things go wrong

- There was a robust procedure in place for reporting, reviewing and following up on accidents and incidents. □
- Information regarding incidents and accidents was discussed with staff during daily handovers and staff meetings. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.
- The registered manager explained the service had experienced an unplanned four hour power cut.



Following this event, they had consulted with staff and had highlighted areas where improvements could be made should there be another power cut. An emergency box was put in place. This contained an up to date emergency plan chart for all residents, which covered how to evacuate each person safely and important information relating to each person in order to ensure their safety, manual jingle bells for residents so they could summon support if the call bell system was affected, radio walkie talkies for staff to ensure consistent communication within the home and manual 'snap lights' for people that could be activated when needed to alleviate any darkness stress people may experience. Wind up torches were included so staff and people had instant access to a light source. The fire alarm system had a 12 hour battery back-up. The registered manager told us the learning gained by staff and the improvements made through use of the emergency box had had a major positive impact on people and staff as they were no longer worried about a power cut 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.

Good: 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 and relatives gave extremely positive feedback about the service given at Laurel Care Home. One relative said, "They were all amazing, we needed care very quickly and the assessments were all arranged very quickly so everything could be sorted. The assessment was very thorough, I couldn't have been more pleased, the transition went very well." Another relative told us, "Laurel Care Home was recommended to us, the manager was amazing, everything was done very quickly. They understood the dilemma we were in, with getting alternative care quickly and they were ultra efficient. It was all quite incredible in all ways, I can't speak highly enough of them." Another relative said, "Mum has never been so well, it's simply amazing. We would have lost her a while ago if she had not come here. I can't speak more highly of the home I recommend everyone...they treat everyone like a family member. I can't fault them at all it's simply amazing."
- A health professional supplied positive written feedback regarding how people received effective person-centred care at Laurel Care Home. Comments included, "The nurses develop person centred care plans and discuss care with the residents...very rarely are residents admitted to hospital as an unplanned admission... the home has the local reputation of high quality compassionate care."
- People's care and support was planned and delivered in line with current legislation and good practice guidance. Assessments, individual care and development plans were individualised for each person and reflected their preferences and wishes.
- Care and support plans were regularly reviewed and updated in consultation with people, family and health professionals when appropriate.

Staff support: induction, training, skills and experience.

- Staff told us and records showed their training needs were developed around their individual training requirements. Staff were supported with additional training courses which helped in their personal development and learning.
- Many staff told us about the Virtual Dementia Tour independent training that had been arranged. This training enabled staff to experience first hand how living with dementia may feel. They told us they would experience the practical difficulties that people living with dementia experienced from sight difficulties, through to mobility and sensory loss. Once completed this training would enable staff to have a greater understanding of caring for people with dementia. This in turn would have a major beneficial impact for people as staff could empathise and fully understand the challenges the condition placed on people. Staff told us some people's relatives had been invited to attend, this would enable them to have a better understanding around dementia.
- One member of staff told us about the bursary system the provider had introduced to give staff financial support. This enabled one member of staff every three years to go on to complete their nurse training. They

told us, "It will be brilliant, I'm really looking forward to it all." The registered manager told us they were proud the home was able to offer this sponsorship and support for the next generation of nursing staff.

- The provider was in the process of implementing new roles for the senior care assistants. This would include training around basic wound care and observational skills which would support the nurses and have a positive impact on care delivery for people. Additional training skills would lead to the staff team feeling valued and empowered. One member of staff told us they were looking forward to the training which they thought would be really interesting.
- Staff gave many positive examples of when the provider had supported and encouraged them to develop their career with additional training courses and support which could be of a practical or a financial nature. One member of staff said, "The support and training here is brilliant. I have gained so much knowledge and all the training sessions really increase my confidence so I get on really quickly. The training all makes sense and is delivered very well."
- Training was delivered in a variety of different ways, these included individual one to one training, small group training of five to six staff per session, online e-learning, classroom training delivered by an independent training provider and practical face to face training such as fire safety and training on how to mobilise people safely.
- Relatives told us they felt the staff were well trained and supported people effectively in ways they preferred. One relative told us, "The carers know [person] very well. They make sure [person] has all the appropriate health checks and they always tell us what is happening or if [person] has been unwell at any point. It's been very good, I've never had any concerns."
- There was a pro-active support and appraisal process for staff that recognised staff required continual development and support to achieve their best potential and ensure people received high quality care and support.
- All staff told us they felt very well supported with their regular supervision sessions and annual appraisals. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.

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

- There was a range of different communal areas for people to use. These varied from quieter, cosy areas to larger television lounges or lounges for people to relax and enjoy each other's company. One relative told us, "I mentioned once that it would be nice for one of the lounges to have a visual display but without noise. Within two weeks they had arranged for a large tv display unit in the quieter lounge which had visual displays only for people to watch...it was done and sorted just like that, it's so good."
- Shared communal areas, were light, bright and comfortable and the home was decorated to a high standard throughout. The provider had recently undertaken changes to the premises. These included the building of a sensory room for people. This included lights, fish and birds as well as allowing a quiet area for people to relax in when they wished. One person told us, "I love this room...I can see everything going on from here." A staff member told us one person really loved birds and they had agreed to get the birds in for this person to enjoy. When the birds were delivered they said, "His face lit up, it was such a joy to see. He loves watching them."
- The provider had recently built a two-story log cabin in the grounds of the home. This provided a separate area for people to enjoy and included a kitchen and toilet facilities. Relatives and people could use the cabin for special occasions such as birthday parties and anniversaries. The local community also used the facility and yoga classes were run in the evening which both Laurel Care Home staff and members of the public attended. The cabin provided a quiet retreat and space for people and would also be used to deliver training courses and events for staff.
- The provider had built an extension of four bedrooms on the ground floor. These bedrooms all had double doors opening out directly into the garden. The registered manager told us this was specifically planned to allow people who may have to be cared for in bed, the ability for their bed to be brought out into the

grounds if they wished. For many people the ability to be out in the fresh air would greatly increase their sense of wellbeing and have a major positive impact on their health.

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them. One person told us they would like their room to be painted in bright colours. We raised their views with the registered manager who confirmed this would be arranged as soon as possible.
- The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, stair lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed maintenance staff who managed the day to day maintenance of the premises and grounds.
- There were plans in place to turn an existing staff toilet into a resident toilet with overhead hoists and to modernise a further two resident toilets. Once completed this would improve facilities for people and staff.
- The registered manager told us the provider had a plan in place to introduce overhead hoists in every bedroom to improve the transfer process for people. This would also remove the need to store mobile hoists throughout the premises which would improve the homely atmosphere of the service.

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

- We observed a meal time during our inspection at Laurel Care Home. Meal times were relaxed and friendly with people choosing where they wanted to eat their meals. Tables were attractively laid out with tablecloths and place settings. Some people enjoyed a happy sing along while they were waiting for their meal. People's choices were respected if people wished to eat their meal in private. People received home cooked meals that were planned to ensure they received healthy, nutritious food. They had a choice of drinks which included a choice of alcohol or soft drinks and fruit juices. One person told me, "I do so enjoy a glass of wine with my meal." We spent time talking with the cook who knew people very well. They spoke knowledgeably about their food likes and dislikes and how people needed supporting to eat their food safely. The kitchen cook told us they were not restricted to a budget. This ensured people did not feel deprived of their favourite meal and could choose what they wanted to eat.
- One relative told us, "[person] has a soft diet and the food is always well presented, it is all lovely. There is always plenty of choice and staff always offer an alternative if [person] wants something different. There is always plenty of fresh food."
- We observed people were gently encouraged and supported to eat and drink. Care plans reflected clear guidance about any specific support people may need. For example, adaptive cutlery and plate guards were used which helped people to continue to eat independently which was important for their sense of well-being.
- Throughout the home there were jars of sweets, and snacks and fruit available. People could help themselves or ask staff to support them. The sweetie jars had proved to be very popular with people and were refilled each day.
- People were supported to receive appropriate nutrition. If required, referrals were made to appropriate health professionals for further advice and guidance.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

Staff working with other agencies to provide consistent, effective, timely care.

- The management team had built effective, collaborative working relationships with their local GP surgery. Weekly visits were conducted by the same GP which enabled people to receive regular, consistent clinical care. One person told us, "There's a doctor who visits on a Monday, whose lovely, a really nice lady and she will attend to your problems."
- A variety of specialised professionals supported people at Laurel Care Home and worked closely with staff. Effective working relationships had been built between staff and these professionals.
- Staff spoke knowledgeably about people's health needs and recognised the importance of being pro-

active in seeking guidance and support from health professionals. Feedback received from health professionals supported the collaborative and effective method of working demonstrated by Laurel Care Home staff.

- Records showed staff consulted and referred people to health professionals when people experienced difficulties or had a decline in their health.

Supporting people to live healthier lives, access healthcare services and support

- There were systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare. Records reflected this was the case for ongoing or emerging health issues.
- People were referred to appropriate health care professionals such as speech therapists, dieticians or specialist health services when required.
- People had 'hospital passports' completed for them. These documents contained summarised relevant information regarding each person to ensure they were cared for safely should they need to go into hospital or move to another service.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where there were restrictions on people's liberty, these had been authorised or applications were being processed by the local authority.
- The service worked within the principles of the MCA. People's care records continued to identify their capacity to make decisions. People had been involved and had signed their care records to show they consented to their care and support.
- Staff had received training in The Mental Capacity Act 2005 and spoke knowledgeably regarding how it applied to the people they supported at Laurel Care Home.

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People and relatives spoke warmly of the staff team and described them as, "Lovely, caring, kind, professional and friendly." One relative said, "I would give them 100% for care, politeness and kindness". Another relative told us, "Everyone is so lovely, polite, smart, friendly and they know everyone so well." One person told us, "The staff are lovely, we have a good laugh and a joke...they pull my leg...it's good fun." Another person told us, "I'm encouraged to do my own thing, they offer to support and help me to have a shower and do their best so I don't get embarrassed."
- Staff spoke knowledgeably about people and how they preferred to receive their care and support. People were offered choice around how they wished to spend their day. Staff respected people's preferences and supported them to do what they wanted, how they wanted, when they wanted.
- Staff in all roles were highly motivated, passionate about their role and offered care and support that was exceptionally compassionate and kind. Throughout the inspection we observed staff treated people with kindness, warmth and patience. Staff knew people very well and were attentive to their individual needs.
- People's care and support records reflected their cultural and religious beliefs and staff respected their views.
- The service had a small library/multi faith room. This enabled people to have a quiet area they could read and relax in or practice their faith. People had been involved and consulted in the process of setting up the library and had been asked what type of books they would like in there. Large print and access to audio and brail books were also available for people.
- The registered manager told us about plans that were in place to change an existing room into a separate staff room to enable staff to have a separate relax area in addition to their Kitchen/staff room. The separate rooms would encourage staff to relax on their breaks and improve their well being.
- The provider ran an employee of the month scheme for staff. For staff that went above and beyond their roles they received a cash gift and a badge to wear and a certificate was placed in reception for all people to view. This resulted in a boost to staff morale and gave staff a good feeling of self-worth which impacted positively on the care given to people living at Laurel Care Home.
- Staff felt valued, appreciated and very well supported. Staff told us they loved working at Laurel Care Home and were proud to be a staff member, they said, "Everyone is treated like family, it's wonderful".

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

- People and relatives told us they were fully involved in decisions regarding ongoing care and support. One relative told us, "I definitely feel involved, they phone to let me know if [person] has been unwell in the night. They said they would ring back with an update and they did, even the night staff phoned me to let me know how [person] was getting on. It is the best care." Another relative said, "I feel fully involved, if anything happens I am always told about it".

- Records showed people and their relatives took an active part in their care reviews. These were person centred and covered people's life histories and all areas of how they wished their care and support to be given. This ensured people's preferences were adhered to and allowed staff to share information that was important to people, so they could get to know people well and talk to them about events that had been important and joyful for them, to increase their sense of well-being.
- Staff explained people's different styles of communication. How they ensured people had their views heard and their choices respected. Decisions regarding people's support and care had been made in their best interests.

#### Respecting and promoting people's privacy, dignity and independence

- There was a strong, positive focus on promoting people's dignity and independence to enhance their lives and wellbeing. The service had members of staff who were Dignity and Dementia Champions. These roles supported staff to ensure people's dignity was promoted and maintained during their daily care and support. The roles improved staff's awareness and knowledge which had a positive impact on people.
- Staff understood it was a person's human right to be treated with respect and dignity and to be able to share and express their views. We observed people were always treated with dignity and respect by a consistent staff team who knew them very well.
- People and staff felt respected, listened to and valued. One relative told us, "They listened to us and acted very quickly...they are all very respectful, they treat everyone with dignity. They have the Dignity Champions and they all do their best."
- People's privacy was respected. Staff knocked before entering people's bedrooms to maintain their privacy. Staff gave good examples of action they took when mobilising people to ensure they retained their privacy and dignity.
- To respect people's dignity, when completing personal care for people, staff placed signs on people's bedroom doors which read, "Personal Care in progress, please knock"
- The home had Wi-Fi connection available throughout the premises. This enabled people to have free access to all internet systems and had allowed people to watch family occasions such as weddings on Skype. This meant people had felt fully involved in the ceremony which they would otherwise have missed and greatly increased their sense of well-being and happiness.
- Some people liked to shop on line and staff supported them with opening their deliveries and arranging for any packages to be put safely in their bedrooms.
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.



## Is the service responsive?

### Our findings

Responsive- this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

#### End of life care and support

- A health professional provided written feedback which stated, "The work the staff have done around the Six Steps to Success in End of Life Care is impressive and underlines the ethos of the home."
- Laurel Care Home has been awarded the accredited Six Steps in End of Life Care qualification. People's preferences and choices for their end of life care were clearly recorded in their care and support plans and kept under review.
- There was a bedroom available that enabled relatives and families to stay the night when their relative was nearing the end of their life. This provided comfort and support for people at this difficult time.
- The registered manager held a degree in End of Life Care and Palliative care.
- The service has supported staff to join the local End of Life forums. This ensured staff remain up to date with the latest recommendations and guidelines when caring for people at this time.
- The registered manager introduced a butterfly scheme. When a person passed away they placed a butterfly on their bedroom door to alert and remind staff to ensure the family received appropriate dignity and respect following the death of their relative.
- In addition to sending a staff member to represent the service, the provider sent flowers to the funerals of people that had lived at Laurel Care Home, which relatives had greatly appreciated. When people reach the end of their lives, a 'light tree' was placed in their bedrooms. Tags were secured to the tree for staff to add their thoughts and feelings and to share the memories of the person. These tags were then sent on to the relatives of the person which brought great comfort to people and their families.
- When people were nearing the end of their lives, people and their relatives were treated with kindness, compassion, dignity and respect. We saw a large range of thank you cards from relatives expressing their appreciation and thanks for everything the staff had done to support and help them through this difficult time. Comments on cards included, "Thank each and every one of you for the level of care you gave [person] in their final few weeks. Your professionalism, compassion and kindness was second to none and extended not only to [person] but also to us their family at what was a very difficult time. [Person] could not have been better cared for." And "So much love and patience. I am in awe of you all."

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Weekly visits were made to the service by a local GP. Staff completed information sheets on each person which were shared with the GP and included observations and any changes in health needs. This ensured each person had their health needs assessed and reviewed each week, by a local GP. One person told us, "There is a doctor that visits every week and if I want to see them all I have to do is ask."
- Health care professionals confirmed that people's health needs were effectively managed by the staff at Laurel Care Home. People's health concerns were correctly escalated to the most senior staff Nurse, if appropriate these concerns were then raised with the local GP surgery or in the event of a fall or serious



injury referrals to the relevant emergency service or hospital were made.

- People's assessments were regularly reviewed and supported staff to understand people's strengths and weaknesses. The assessment provided the basis for people's individual care and support. People had detailed, individual care and support plans. These focussed on promoting people's independence and supporting them to achieve their agreed goals as well as how they preferred their care and support to be given.
- There was a system in place to record daily interventions with each person. The entries reflected all the action and interventions the staff had supported each person with and gave a clear record of events or incidents and action taken that had occurred.
- People were supported to communicate in ways that were meaningful to them. Their methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- We spent time talking with the activities member of staff who spoke with enthusiasm and passion regarding their role. There was a full and varied schedule of activities people could take part in if they wished. The provider had their own mini bus that was used to take people to places they enjoyed. Daily activities formed a large part of people's lives and included, visits to garden centres, the beach, enjoying a fish and chip meal in the town, trips to the pub. People were asked where they wanted to visit and a forward schedule of visits was then compiled and put on display for everyone to view. There was a range of entertainments scheduled which included, singers, quizzes, visits by pet therapy companies which included donkeys, dogs and goats. People could also take part in, armchair games, bowling, cookery, arts and crafts and board games and cards. The provider ran film nights where soft drinks, popcorn and alcohol was provided and relatives were also welcomed. For people who wished to remain in their bedrooms staff provided nail painting, hand massages, reading and general chat and reminiscence sessions to prevent these people being at risk of social isolation. People we spoke with commented they enjoyed the activities and "Having a go".
- One person told us, "I'm not keen on group activities but I am encouraged and do enjoy when I go. They have excellent trips outside the home."
- The provider had systems in place to ensure people received responsive care and support. For example, alarm mats were used to alert staff when people were mobilising from their bed so staff could ensure they were able to get to people in time to support them to mobilise safely. There were alarm call bells available for all people and in all communal areas of the home. One person told us, "I use the call bell sometimes and they answer as quickly as they can. If the person I want is not the one who answers the call bell I ask for them and the person who answered the bell gets them quickly."

Improving care quality in response to complaints or concerns.

- The provider had a clear complaints policy and relatives told us they knew how to make a complaint and were confident any concerns would be addressed.
- The provider had received two complaints in the previous twelve months. Both complaints had been fully investigated in accordance with the providers complaint policy.
- People and relatives were encouraged to have their say about the service they or their relative received, this ensured any improvements or concerns could be raised and practical solutions implemented.

## 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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Every person, relative, staff member and health professional we spoke with highly praised the registered manager and their team. We asked people if they felt the service was well managed, replies included, "Oh yes, extremely well managed because everything is done properly and they all know how to do what they are doing." And "Oh yes, I've got no complaints the manager is good." Another person told us, "If I need to speak to the manager she listens and is responsive as are most of the nursing staff."
- Feedback from a health professional confirmed the management team and owners provided good leadership with effective, supportive relationships between the staff team.
- Comments from staff members included; "This feels like a really good place to work in, the management makes a real difference." And, "The manager always listens and when I have had appraisals everything is feedback...they do listen to ideas and implement them. I've had personal situations that my manager has been very supportive with." A further member of staff told us, "The owners and management team are so supportive, I can ask them anything. Everyone is of the same culture of providing the best possible care. The managers high standards come down to everyone, it starts with the owners and management and they are so brilliant...I really love working here, I would never leave by choice we are so lucky to have the manager and the owners." Many staff we spoke with told us, "This is the best home I've worked in".
- The service had a motivated, committed staff team who spoke passionately about their roles. Staff told us they felt very well supported in all areas of their employment by a management team who were approachable, supportive, open and professional.
- The service had a positive, open, person-centred culture. People and relatives commented on the friendly, approachable style of the management team and their staff.

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

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they all worked very well together as a team. They were confident in the quality of care and support they were able to offer people. The registered manager told us, "I'm proud of our staff. We have really good care staff who are passionate about delivering excellent care for the elderly...our support network and the training provided to staff is exemplary...staff feel fulfilled and happy and we are responsive in that we listen to what staff are telling us and change if possible."
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- There was a robust schedule of audits in place to ensure the quality of service was maintained and any

shortfalls identified and acted upon.

- Notifications to CQC as required by the regulations had been appropriately made.

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

- There was a system of annual quality assurance questionnaires in place for obtaining the views of the service from people, relatives and health professionals. Results from these questionnaires were analysed and any areas of weakness or concern identified and acted upon.
- People were respected as individuals. Personalised care and support plans included their equality characteristics such as, gender, age, religious beliefs, disability and sexuality. Staff were treated equally and completed equality and diversity training.
- There were regular team meetings that encouraged all staff to put forward their ideas and views. Staff told us communication was good and they felt comfortable to raise any ideas or concerns at the meetings. Staff said they felt supported and listened to. Meeting minutes were clear, detailed and made available for all staff. This ensured any staff that had been unable to attend had sight of the discussions that had taken place.
- The provider ran twice yearly Cheese and Wine events which allowed people, relatives and staff to spend time together in a relaxed evening and get to know each other.
- Staff were rewarded and felt valued with a variety of schemes provided by the service. These included, gifts and cards for their birthdays, vouchers at Christmas and cash gifts towards Christmas parties arranged by the provider. Team building events were organised, for example the Senior Care Assistants had recently had a bowling event at the local bowling alley. Staff training had been provided by the services aroma therapist to increase staff's mental health well-being.

Continuous learning and improving care.

- There was a process of continual improvement and quality assurance in place. There was a variety of audits completed to ensure the quality of the provision was maintained.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- Information regarding incidents and accidents was discussed during staff meetings and handovers. This ensured information regarding lessons learned could be shared and proactive action put in place where possible.

Working in partnership with others.

- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from the variety of health care professionals had made positive impacts on the lives of the people who lived at Laurel Care Home.
- The registered manager told us they had arranged for a local nursery school to come in and they were now looking at setting up a regular schedule of visits. They told us the people had loved having the children to visit and it really lifted people's moods and sense of well-being.
- The provider ran a yearly summer fete in the grounds of the home for everyone to attend and enjoy if they wished. The fete involved all members of the community and regularly had over 300 local people attend. People could spend the whole day with the entertainment provided and have lunch out in the garden. If they wished residents could run some of the stalls with their family members which they thoroughly enjoyed. A health professional commented, "The annual fete is worth making a special effort for, the residents talk about it for days before and after."
- Monthly visits were made to the home by a local church who ran a service and prayers. Catholic communion was also offered to people if they wished to take part.
- The registered manager held membership with a number of external agencies and groups, these included,

The National Home Association, The Nursing and Midwifery Council and Hampshire Care Association. Attendance and interaction with these groups allowed valuable sharing of good practice and an opportunity to discuss different ways of caring and supporting people for everybody's benefit and well-being.