Barchester Healthcare Homes Limited

Laurel Bank

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection visit at Laurel Bank was undertaken on 18 and 19 February 2016 and was unannounced.

Laurel Bank is a purpose built nursing home situated close to the city centre of Lancaster. At the time of our inspection visit there were 56 people who lived at the home. People who live at Laurel Bank are older people, younger adults and may have a physical disability. All bedrooms are en suite and are located on two units, served by a passenger lift. There are two double rooms available for those who wish to share facilities. Amenities are within easy reach, such as shops, pubs, library, cafes, museums, leisure facilities and public transport links.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 05 November 2013, we found the provider was meeting the requirements of the regulations that were inspected.

During this inspection, staff responsible for assisting people with their medicines were trained to ensure they were competent and had the skills required. Medicines were safely kept and appropriate arrangements for storing medicines were in place.

Staff had received abuse training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure. One person told us, "I am quite safe with the staff, they are very good."

The provider had recruitment and selection procedures in place to minimise the risk of inappropriate employees working with vulnerable people. Checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.
Staff received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care. We found staff had an understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Comments we received demonstrated people were satisfied with the care they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

A complaints procedure was available and people we spoke with said they knew how to complain. Staff spoken with felt the registered manager was accessible, supportive and approachable and would listen and act on concerns raised.
The registered manager had sought feedback from people who lived at the home and staff. They had formally consulted with people they supported and their relatives for input on how the service could continually improve. The registered manager had regularly completed a range of audits to maintain people's safety and welfare.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed by staff, who were aware of the assessments in place to reduce potential harm to people

There were enough staff available to safely meet people's needs, wants and wishes. Recruitment procedures the service had in place were safe.

Medicines were managed in a safe manner.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff had the appropriate training to meet people's needs.

There were no regular meetings between individual staff and the management team to review their role and responsibilities.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

Is the service caring?

Good

The service was caring.

People who lived at the home told us they were treated with kindness and compassion in their day to day care.

Staff had developed positive caring relationships and spoke about those they cared for in a warm, compassionate manner.

People were involved in making decisions about their care and

the support they received.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service which responded to people's changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

Is the service well-led?

Good

The service was well led.

The registered manager had in place clear lines of responsibility and accountability.

The registered manager had a visible presence throughout the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted to maintain the quality of the service provided.

The provider had sought feedback from people receiving support relatives and staff.

Laurel Bank

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team consisted of an adult social care inspector and a specialist advisor. The specialist advisor had a nursing background and their main areas of experience were in dementia, learning disabilities and medication management.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager stated ongoing upgrade of the décor was taking place. Other planned actions included developing the keyworker system and trained staff were to attend a workshop for dealing with complaints effectively. The registered manager also informed us they planned to introduce weekend and evening meetings to encourage relatives to attend.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are submitted to the Care Quality Commission and tell us about important events which the provider is required to send us. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced accessing the service. At the time of our inspection there were no safeguarding concerns being investigated by the local authority.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their dementia/complex needs. We therefore 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 observed how the staff interacted with the people who lived at the home and how people were supported during meal times and during individual tasks and activities.

We spoke with a range of people about this service. They included two members of the management team,

11 staff, seven people who lived at the home and seven relatives and friends. We also spent time observing staff interactions with people who lived at the home and looked at records. We checked documents in relation to nine people who lived at Laurel Bank and six staff files. We reviewed records about staff training and support, as well as those related to the management and safety of the home.

Good

Is the service safe?

Our findings

People we spoke with told us they felt comfortable and safe when supported with their care. Observations made during the inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home told us, "I do feel safe here, do you know what, I love it." People visiting the home told us they had no concerns about their relative's safety. We were told, "They are quite safe, changes have been made to her care to ensure her safety."

During the inspection, we undertook a tour of the home including bedrooms, the laundry room, bathrooms, the kitchen and communal areas of the premises. We found these areas were clean, tidy and well-maintained. The décor within the home was being refreshed and updated in colours chosen by people who lived at the home. We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. No offensive odours were observed by the inspection team. We observed staff made appropriate use of personal protective equipment, for example, wearing gloves when necessary. Moving and handling equipment, including hoists and wheelchairs, had been serviced to ensure people could be supported safely.

The water temperature was checked from taps in eight bedrooms, one bathroom and two toilets; all were thermostatically controlled. This meant the taps maintained water at a safe temperature and minimised the risk of scalding. Window restrictors were present and operational in the seven bedrooms, one bathroom and two toilets checked. Window restrictors are fitted to limit window openings in order to protect people who can be vulnerable from falling.

The registered manager had systems in place to manage and review accidents and incidents. If an accident occurred a form would be completed and submitted to the management team. They analysed the information and completed any follow up action as required. We saw the registered manager had written to relatives and introduced an additional auditing system in response to one accident. A member of the management team told us, "We bring up the accidents at our health and safety meeting to look if there has been an increase in falls with residents or accidents with staff." They told us they looked at the reasons accidents had occurred and looked at preventing their reoccurrence. This showed the registered manager had arrangements in place to protect people from potential harm.

There was an up to date fire plan within the fire safety log book kept in reception, along with a grab bag to take when leaving the premises. The bag contained items required in an emergency such as torches and mobile phone. On each unit of Laurel Bank we saw an evacuation plan to enable a co-ordinated removal of people from the building. This showed the provider had systems in place to protect people in the event of an emergency.

We found call bells were positioned in bedrooms close to hand so people who lived at the home were able to summon help when they needed to. One person who lived at Laurel Bank told us they never had to use the bell as staff were always about and checking on them. Throughout our inspection we tested and

observed the system and found staff responded to the call bells in a timely manner.

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. Records seen confirmed the registered manager and staff had received safeguarding of vulnerable adults training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any concerns about the management team or colleagues' care practice or conduct. Training records we reviewed showed staff had received related information to underpin their knowledge and understanding.
A recruitment and induction process was in place that ensured staff recruited had the relevant skills to support people who lived at the home. We found the provider had followed safe practices in relation to the recruitment of new staff. We looked at six staff files and noted they contained relevant information. This included a Disclosure and Barring Service (DBS) check and appropriate references to minimise the risks to people from unsafe recruitment of potential employees. The DBS check helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. The registered manager checked any gaps in employment during the interview process.

We looked at staffing levels, observed care practices and spoke with people being supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who lived at the home. Each unit at Laurel Bank had a trained member of staff on shift. We saw the deployment of staff throughout the day was organised. There was a work book on each unit. We saw details within the work book showed staff where to be within the home and what was expected from them.

We observed staff administering medicines on both units at Laurel Bank. There was an agency nurse on one unit who was at Laurel Bank for the first time. The registered manager had inducted and observed her with the morning medicine round. The nurse told us the registered manager had personally discussed each person resident on the unit with her at the start of the shift to ensure their safety. They said, "It was a real personal touch and much appreciated".

There were no missed signatures noted for people's prescribed medicines. There was the correct use of as and when required medicines for pain control or sedation. The MAR form also contained detailed diabetes care plans and monitoring charts. People who lived with insulin controlled diabetes had evidence of detailed care plans with evidence of involvement of specialist diabetic nurse services and records of regular reviews had taken place.

We saw the medicines trolleys were locked and secured to the wall when not in use. We checked a number of prescribed medications in the trolleys. This showed the medicines was stored correctly and was within expiry dates. Laurel Bank had had a medicines ordering system in place plus an additional system for urgent prescription filling should the occasion arise. Both units had a medication fridge. We saw documentation which showed daily monitoring of the temperature and the contents were appropriately stored.

Requires Improvement

Is the service effective?

Our findings

People received effective care because they were supported by trained staff who had a good understanding of their needs.

People told us they felt staff were experienced and well trained to support them. One person we spoke with said, "Staff know what they are doing, they are really really good." A second person told us, "I can only give my report, I have good staff, they are very good." A relative told us, "I get the impression that they know what they are doing."

We looked at staff files and noted there were no records of supervisions having taken place. One file had documentary evidence an appraisal had taken place. We spoke with the registered manager about supervisions. They showed us a staff spreadsheet with dates to indicate when staff had had supervision. However, there was no record of what had been discussed within the supervision. We spoke with several care staff regarding supervision. One staff member commented, "I've not had a supervision for a long time." A second staff member commented, "I had a quick couple of minutes, not a proper supervision." Supervision was a one-to-one support meeting between individual staff and the management team to review their role and responsibilities. This showed there was no structured opportunity available for staff to discuss their professional development.

Staff told us their training was thorough, effective and on-going. Laurel Bank had their own on site trainer. On the day of inspection we saw the trainer had forecast mandatory and refresher training such as moving and handling for the forthcoming year. The induction was delivered by computer based learning plus face to face training plus one day with the provider. One staff member talked about their induction and told us, "The induction was good, lots of information, what to do and how to treat everyone." The registered manager told us training was important and they had been creative on how they shared knowledge. For example, for fire training they had completed a role play with the registered manager in a wheelchair and a couple of staff blindfolded. Care staff then had to evacuate people from the building. The registered manager commented, "This gives staff empathy for people." They had short films for staff to watch promoting best practice on how to maintain dignity in a care environment. We saw a board game similar to snakes and ladders which instructed people on how to support people who had difficulty or discomfort with swallowing. One staff member discussed this game with us and commented, "Even though I had dealt with it for years I did learn something new. It was good."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person

of their liberty were being met.

The registered manager told us every person had a DoLS in place to deprive them of their liberty in order to safeguard them. Care files held evidence of mental capacity assessments and best interest decisions. We saw DoLS applications for the use of bed rails to support someone's safety. Staff we spoke with were able to describe what was meant by a person having capacity.

One person talked about their meals and told us, "The food here I would say is excellent." A second person told us, "The food is exceptional." Throughout the day of inspection we saw cakes and biscuits were available. Drinks were as and when people wanted or from a drinks trolley which we observed was taken round in the morning and afternoon. On the day of inspection we observed lunchtime. A choice of foods was offered on a written menu placed on the table. Alternatives to the written menu were also available. For example we observed one person being offered chicken or cheese pie. They chose a ham sandwich which was quickly made and presented to them by the chef. A second person was offered chocolate cheesecake or rice pudding and decided upon ice cream. Again this was sought and presented with a smile and joke. The food was plentiful and staff explained to each person what was on their plate. It was a relaxed social experience and staff checked if they wanted any more food or anything else.

We visited the kitchens and saw the kitchen was clean, tidy and well stocked with foods and fresh produce. We were told all meals were home cooked and freshly prepared. Cleaning schedules were in place that ensured people were protected against the risks of poor food hygiene. The chef had knowledge of special diets, who required fortified drinks and preferences of people who lived at the home. We observed people requesting and receiving drinks. We observed staff offered people drinks throughout the day and gave support when necessary with drinks. This showed people were protected against the risks of dehydration and malnutrition.

The provider and catering team had knowledge of the food standards agency regulations on food labelling. There was an information sheet in the entrance porch for all visitors to read. This showed the provider had kept up to date on legislation on how to make safer choices when purchasing food for people with allergies. The current food hygiene rating was on the wall outside the kitchen advertising it's rating of five. Services are given their hygiene rating when it is inspected by a food safety officer. The top rating of five means the home was found to have very good hygiene standards.

Care records we reviewed evidenced people were supported to maintain good health and healthcare services were promptly called should their health deteriorate. For example on the day of inspection the local GP was telephoned and asked to visit. We witnessed the GP did visit to examine the person and amend the treatment regime. There was good evidence in the records that other specialist services such as speech and language services and dieticians are involved for people at risk of malnutrition or choking. Detailed care plans were in situ with evidence of reviews taking place regularly and when necessary. A health professional who visited to assess one person told us they found care records were comprehensive. They further stated they found staff "helpful."

Good

Is the service caring?

Our findings

People we spoke with told us they were treated with kindness and staff were friendly and caring. One person told us, "I love it here, I want to stay here, I feel at home here." We discussed care with a second person who said, "The staff are very good, very kind to me." A third person commented, "I wouldn't have anything said against them, they are very very caring." A relative told us, "As soon as we walked in [Laurel Bank] we could tell it had a nice atmosphere." They further commented, "If we had the choice again I would be back here. I don't know any place as comfortable." A second relative commented, "My [relative] has never once told me they are unhappy here. All our family want [my relative] to stay here." A member of staff told us, "It is a good home, I would put my nan and grandad here."

When talking with staff we found they had a good understanding of dignity within their caring role. One staff member told us, "We make sure curtains are closed and doors are closed. We always ask permission before we complete any care tasks. We say can we… are we ok to….." We observed staff maintained people's privacy and dignity throughout our inspection, such as knocking on doors before entering. We spoke with people who were in their rooms and asked if staff respected their privacy. People we spoke with confirmed staff were very good at knocking on doors and waiting to enter.

When speaking with both people who lived at the home and staff, it was evident good, caring relationships were developed. Care staff spoke about people in a warm, compassionate manner. Reception staff, maintenance staff, the chefs, care staff and management all interacted positively with people, their relatives and friends. For example one person told us, "They call everyone by their Christian name, staff know everybody. We have a lot of fun together, I feel part of a big party, the staff are wonderful."

Relatives we spoke with told us they were made to feel welcome and there were no restrictions on when they could visit. One relative told us, "It is nice to feel welcome. It has always been like that. [One staff member] is particularly welcoming, there is affable banter." One relative told us they visited every day and stayed all day. Laurel Bank had Wi-Fi for people and their families and friends to access. Wi-Fi is a facility allowing computers, smartphones, or other devices to connect to the internet to communicate with one another wirelessly. Relatives bring hand held computers into the home and support their relatives to maintain contact with other family and friends through video conversations over the internet. This showed the provider used technology to promote an alternate means of maintaining positive relationships.

When we looked in people's bedrooms we saw they had been personalised with pictures, ornaments and furnishings. Rooms were clean and tidy which demonstrated staff respected people's belongings.

During our inspection we saw an information sheet for staff on how to answer the telephone. It included 'when the phone rings don't be afraid, answer as quickly as you can' and 'make the caller feel happy they have called.' This showed the provider wanted to encourage positive relations with families and friends.

During our inspection we saw in the main lounges a selection of alcohol. We saw people had a glass of beer in the afternoon. We asked the registered manager about the alcohol. They told us, "People can have

whatever they want, whenever they want it, if their medication allows." They further commented, "I think it is important if they always had it, it is nice to carry on. Some families will top it up!" This showed the registered manager respected people's cultural and diverse background.

Care files we checked contained records of people's preferred means of address, meal options and how they wished to be supported. For example, the registered manager had documented in one file, '[person] prefers to wake up naturally', which indicated staff must not go in and wake them. This showed the provider had listened and guided staff to interact with people in a caring manner. People supported by the service told us they had been involved in their care planning arrangements.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The manager showed good knowledge and we saw leaflets on independent mental capacity advocates (IMCA) were available throughout the home. The role of the IMCA is to work with and support people who lack capacity. They represent their views to those who are working out their best interests. Having access to an IMCA meant the rights and independence of the person were respected and promoted. At the time of our inspection no-one at Laurel Bank had an advocate.

Care plans we looked at had Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms in place. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. The forms were completed fully and showed involvement from the person, families and health care professionals. Staff received end of life training to ensure their support was appropriate. One staff member talked about end of life care and told us, "I do as much as I can. I sit and talk; just having someone to sit for ten minutes could make their day." The registered manager told us they tried to ensure no-one died alone. They also commented, "After someone has died, the staff team gather to say goodbye as they leave the home." This highlighted the provider had respected people's decisions and guided staff about positive end of life care.

Good

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and responded to the changing needs in their care. Staff had a good understanding of people's individual needs. People received personalised care that was responsive to their needs. For example one person who lived in the home told us, "I get a lot of help when I want it." A second person told us, "I ring for support when I want it. I don't want staff coming into my room." We looked at the person's care plan and their preferences were documented for staff to follow. This showed the provider had listened and documented people's care requests.

The provider assessed each person's needs before they came to live at Laurel Bank. The registered manager or a nurse visited the person prior to admission. The registered manager told us, "We speak to the person and ask what they expect from us. We look at medical issues and behavioural issues. We check if we are able to care for them." This ensured the service would meet their needs and minimise disruption from a failed or inappropriate placement.

The registered manager and staff encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. A relative told us they were kept informed about their family member's care requirements.

We were told by people we spoke with there were no restrictions on visiting times. One person told us, "I get lots of visitors throughout the day sometimes it can get crowded." When we inspected, we observed family and friends visited throughout the day. We noted a visitor brought their dog which received a lot of welcome attention from more than one person at Laurel Bank.

There was an activities co-ordinator employed at Laurel Bank. The activities co-ordinator was responsible for organising a wide range of activities for people. One person who lived at the home told us the activities were very good. They commented, "If anyone asks me I join in, I'm game for anything." They shared with us, "I won a cup for throwing a ball!" During our inspection we saw photographs of fetes and pantomimes held at Laurel Bank. We saw photographs of people in fancy dress and staff in costumes.

One person who lived at the home discussed activities with us and told us, "They had some big birds in the other week [birds of prey] I enjoyed that." We noted there was a current weekly timetable of events which included relaxation sessions, live music, exercises, reminiscence and arts and crafts. On the week of our inspection we noted there was a heart disease fundraiser planned which involved a quiz, coffee and cake. Laurel Bank has a large landscaped garden which had won an award for its raised beds and sensory plants. One person told us, "On a sunny day I live outside." A second person said, "They [the staff] take me for a walk [in my wheelchair] around the grounds which I enjoy."

During our inspection we saw there was a hairdressing salon on site. We asked if Laurel Bank employed a hairdresser and was told a hairdresser visits regularly. We were also told if people wanted to use their own hairdresser than the salon was available to be used. We noted a piano in one lounge and was told one person was having weekly piano lessons. This showed the provider recognised activities are essential and

provided a varied timetable to stimulate and maintain people's social health.

On the day of our inspection we noted a group of visitors arrive, one carrying a guitar. This was for a religious gathering which included the singing of hymns. We spoke with the registered manager who told us they had strong links with several faiths and ministers and lay people visit regularly for religious care and support and to give communion. This showed the registered manager respected people's spiritual diversity and catered for their religious requirements.

We looked at care records of nine people to see if their needs had been assessed and consistently met. The management team met with people and completed an assessment of people's needs prior to their admission. This ensured they were able to support them with their needs. The staff then got to know the person and their requirements. We found each person had a care plan which detailed the support they required. Care plans we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. The plan included sections on mobility, falls, communication, personal hygiene and dressing, nutrition, pain, pressure care, social recreation and religious beliefs. For example, we saw one person had a given name from their faith and documentation identified the person by that name and not the name given at birth. A second plan indicated the person preferred to eat their meals in their room, which was respected and arranged. A third person's care plan stated, '[name of the person] has asked if she can be assisted by a female carer when being showered.' The same care plan also had documented, 'Some mornings [name of the person] likes to have a lie in and have breakfast in bed.' This showed us the management team listened to people and delivered personalised care.

The plans showed assessments in several areas which included capacity moving and handling and pain management. Each area was categorised either low medium, high or high plus. This was to gather evidence on the person's dependency needs and ensured care was responsive to their personalised need. The care plans showed input from social care and health professions such as social workers, speech and language therapists and chiropodists. This showed us the management team saw people as unique and respected their individuality. The plans we looked at recorded review dates which showed us people's needs were regularly assessed.

There was an up to date complaints procedure in place. People who lived at the home, relatives and staff were able to describe how they would deal with a complaint. One person told us they made a complaint to the manager. The manager dealt with the issue and they were happy with the outcome. A relative told us, "We have never had to complain here but would be able to complain to the registered manager." A second relative told us they had complained to a nurse who had taken it to the registered manager. The relative was pleased with how it had been handled and pleased with the outcome. This showed us people who used the service knew how to complain and the provider had listened and acted upon their concerns.

Good

Is the service well-led?

Our findings

The service demonstrated good management and leadership. There was a clear line of management responsibility throughout Laurel Bank. People and staff felt the management team were supportive and approachable. One person talked about the registered manager and told us, "They are a top boss." A relative told us, "We always looked at the management and we got a good impression." A member of staff told us, "I feel comfortable talking to the registered manager. I can approach them with anything." People told us the atmosphere was relaxed and homely around the premises. We observed staff were not rushing around and saw the registered manager supported staff in their role.

The registered manager completed unannounced visits at weekends, and during the night. This was to safeguard quality and ensure support standards were maintained. The management team had knowledge of the needs of people who lived at the home. People we spoke with who lived at the home recognised and knew the roles of each member of the management team. This demonstrated the management team had a visible presence within the home.

The provider worked with outside organisations to assess the quality of the service provided. Areas assessed were overall standard, care/support, treating people with dignity, staff management and rooms. The provider also completed in house satisfaction surveys to assess the quality of care provided. Areas looked at included staff and care, home and comforts, choice and having a say and quality of life. Staff were selected at random, annually, and sent questionnaires to complete. Actions were then taken from the results of the surveys. For example, people had requested a change in the menu which had been done. The provider had introduced employee of the month. People got to vote for who they thought was the most deserving. The winner received a financial reward. Laurel Bank had a staff awards ceremony every two years where good practice was recognised and rewarded. All this information was collated, published and shared within relatives' meetings. Copies of the survey results were left in reception and on both units of the home. This showed the provider sought feedback about the quality of care, made responsive changes and shared the results.

The registered manager completed a range of audits as part of their quality assurance. Each month there was a theme to the audits. For example, one month's theme was documentation. Documentation would then receive additional scrutiny that month. Other audits completed included assessments of quality, housekeeping, safeguarding and medication. There was also a quality first visit from the regional manager. They observed staff, looked at the quality of files, completed property checks and spoke with people who lived at Laurel Bank. Additionally, staff files we looked at contained a variety of spot checks, such as infection control, medication and personal care. The registered manager completed these to assess the skills and care practice of all staff. This meant the management team had oversight of the quality of care to maintain people's welfare and safety.

Daily meetings were held between the registered manager and heads of departments. There were regular health and safety meetings. Within the health and safety meeting minutes staff had recorded identified issues as well as actions taken to improve the service. For example, it was noted hoists could be a hazard if

left out and where to put them to maintain safety. Regular meetings were held between the provider and relatives and residents. All staff we spoke with felt very supported by the management team. We were told information was shared from the registered manager to the nurse, who then shared it with staff.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan to demonstrate how the provider planned to operate in emergency situations. The intention of this document was to ensure people continued to be supported safely under urgent circumstances, such as the outbreak of a fire. We saw the plan had been updated to include lessons learnt after a local flood and power cut.