Optimal Living Ltd

The Laurel

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

The Laurel is one of two care homes located in two semi-detached houses run by Optimal Care. It provides care and support for up to five people with learning disabilities.

This inspection took place on 6 April 2016 and was announced. At the previous inspection carried out on 28 February 2014, the registered provider had been assessed to be compliant with the regulations.

The home had two registered managers in place who were responsible for the five locations owned and run by the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

The testing of fire equipment had not always been carried out in accordance with the provider's policy. There were gaps in weekly fire alarms and three monthly emergency light checks. However, the registered manager took immediate action to put these checks in place.

People and their relatives told us they felt safe using the service. Staff demonstrated they understood the importance of keeping people safe. They were aware of their responsibilities for reporting any concerns regarding potential abuse. Risks to people's health and welfare had been assessed and support plans gave staff clear instructions on how to minimise the identified risks. As a result, staff knew how to ensure people's safety.

Accidents and incidents were appropriately recorded and analysed for any trends. People were protected against the risks associated with unsafe use and management of medicines.

There were sufficient numbers of staff on duty to meet the needs of people who use the service. The provider had an effective recruitment and selection procedure in place and carried out relevant checks in the course of the recruitment process. Staff were suitably trained and relevant training sessions were planned for any due or overdue training. Staff received regular supervisions and appraisals.

The management and care staff were trained in and understood the principles of the Mental Capacity Act 2005 [MCA] and promoted a least restrictive approach in dealing with each person provided with care.

Staff had access to induction and on-going training, supervision and appraisal. This ensured staff had the skills and knowledge to support people using the service safely and effectively.

People's health needs were monitored and people were referred to external healthcare professionals if such a need was identified.

People who use the service and their family members were complimentary about the standard of care at The Laurel. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Care records showed that people's needs were assessed before they moved into the service and care plans were written in a person-centred way.

Activities were arranged with people who use the service and were planned to meet their preferences and interests. People were supported to meet their social care needs.

The service regularly used community services and facilities and had links with other local organisations.

Staff felt supported by the manager and were confident to raise any concerns if they needed to do it. People who use the service, family members and staff were regularly consulted about the quality of the service.

The service had a complaints procedure in place, which was available in an 'easy-to-read' version to help people understand how to raise any concerns they might have.

The registered manager promoted an open culture and involved all people in running the service. There was good communication between staff members who were encouraged to share their ideas to make improvements to the service.

Staff members said they liked working in the home and the teamwork was enjoyable due to other members' attitudes. Staff meetings took place each month and staff were confident to discuss ideas and raise issues with the managers at any time.

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.

People told us they felt safe. Staff were confident in recognising safeguarding concerns and potential abuse and were aware of their responsibilities in terms of protecting people.

People were protected from abuse and avoidable harm because the provider had effective systems in place to minimise these risks.

Medicines were stored safely and securely, and procedures were in place to ensure people received medicines as prescribed.

Is the service effective?

Good

The service was effective.

Staff understood the principles of the Mental Capacity Act 2005 and people's consent was gained before care was provided.

Staff received regular supervision and annual appraisals which identified on-going training needs and development made.

People were supported to maintain good health and well-being, and to have access to the healthcare services they needed.

Is the service caring?

Good

The service was caring.

We saw that people were relaxed and at ease in the presence of staff. Considerate and kind relationships had been developed between staff and people. People and relatives were very positive about the staff and said they were treated with kindness and respect.

People were supported by staff who knew them well and understood what things were important to them.

People were involved in writing their care plans and their wishes were taken into consideration.

Is the service responsive?

Good

The service was responsive.

People received care and support which was responsive and specific to their needs.

People were able to take part in activities they enjoyed and which were important to them.

There was a complaints procedure which was available in alternative formats.

Is the service well-led?

Good

The service was well-led.

The service had a positive culture that was person-centred, open and inclusive.

Staff told us that their team created hospitable environment to work in. They told us they received support from their managers. Staff were encouraged to challenge bad practice and to raise any issues or concerns.

The provider gathered information about the quality of their service from a variety of sources.

The Laurel

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.

This inspection took place on 6 April 2016 and was announced. The provider was given 48 hours' notice because the location is a small care home for adults who are often out during the day. We needed to ensure the management, people and staff could be contacted in person, hence the notice. The inspection was carried out by an adult social care inspector.

The local authority and the local safeguarding team were contacted as part of the inspection. We asked them for their views on the service and inquired if they had any on-going concerns. Before the visit, we looked at previous inspection reports and notifications we had received. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection we spoke with two people who use the service and four family members. We also spoke with the registered manager and two members of staff

We pathway-tracked the care of four people. Pathway tracking is a process which enables us to look in detail at the care received by each person in the home. We reviewed medication records relating to people who use the service. We received one written comment from relatives of a service user. We saw four staff recruitment files and supervision records. We looked at all staff training records. We considered how information was gathered and quality assurance audits were used to drive improvements in the service. We also looked at records relating to the management of the service, such as health and safety records, risk assessments, staffing rotas and business continuity plan.

Good

Is the service safe?

Our findings

The fire detection system and fire extinguishers had been tested in accordance with relevant guidance. However, we found fire alarms and emergency lights were not checked regularly. According to the provider's policy, these tests were required to be completed on a weekly and three monthly bases respectively. We brought it to the attention of the registered manager. The registered manager told us they were going to carry out monthly audits on fire alarm checks and emergency light checks to make sure the home environment was safe for people.

Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date.

People told us they felt safe living at The Laurel. One person commented on the hygienic conditions in the home, "It's very safe and very clean here". Another person said, "I would tell [the registered manager] if I wasn't safe". Relatives' comments about the safety and welfare of their family members included: 'I'm more than happy' and that they had 'absolutely no concerns'.

We asked staff how they would respond if they suspected someone at the home was being abused or someone disclosed abuse to them. Staff clearly understood their roles and responsibilities in respect of reporting concerns of abuse and said they would not hesitate to report their concerns. They knew how to report any suspicion of abuse to the management team and external agencies so that people in their care were protected. Staff told us they were confident any reports of abuse would be acted on by the management team. The deputy manager was very clear about when to report any concerns and understood the process of informing relevant agencies, such as the police, local authority and the Care Quality Commission (CQC).

People's individual risk assessments were incorporated into their care plans. The risk assessments identified risks in relation to their health, independence and well-being. The assessments included taking part in outdoor activities such as swimming or the risk of failure to take prescribed medicines.

People told us they were involved in their care planning, which included planning their personal safety. They talked to staff about the risks they thought they might face and about how to prevent those risks. Staff told us they were confident the risk assessments kept people safe while enabling them to make choices and maintain their independence. Staff felt they had developed positive relationships with people which enabled them to encourage people to take risks and challenge themselves. For example, staff was supporting one person to go swimming regularly.

Incidents were recorded and actions were taken to protect people and keep them safe. Records of the incidents were detailed and included actions taken as a result of those incidents. For example, referrals were made to an occupational therapist or to another agency. Staff understood how referrals of serious incidents were made to the local authority. They told us how people and staff were supported following an incident: they were reassured and their achievements in dealing with difficult situations were recognised.

Pre-employment checks were made prior to staff commencing work. Prospective employees needed to have relevant references and a satisfactory Disclosure and Barring Service (DBS) check. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Using these checks, the registered provider reduced the risk of employing a person who may pose a risk to vulnerable people. We saw copies of application forms and these were checked to ensure that personal details were correct and that any gaps in employment history had been suitably explained. This meant the provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff.

The staffing levels were sufficient to fully support people who live in The Laurel. Staff were constantly present to support people. People went out and about throughout the day either independently or with the required level of staff support to keep them safe. One person told us there were enough staff on each shift to arrange any outdoor activity suiting people's wishes. The person added, "We go out very often. More often than we used to do".

People's medicines were managed safely. People received their medicine on time and staff were knowledgeable about the type and doses of medicines people took and why they were prescribed. Medicines were stored in people's bedrooms in lockable cabinets.

Medicines were safely administered. Staff only administered medicines after they had received training and had been assessed as competent. Their competence was re-assessed annually in order to make sure they adhered to good practice. There were clear protocols for staff to follow when people were prescribed medicines on an 'as required' basis, sometimes referred to as PRN medicine. Staff signed a medication administration record (MAR) to confirm they had given people their medicines as prescribed. We checked a sample of these and found they had been completed appropriately.

Each person had a personal emergency evacuation plan (PEEP's) in place. These were readily available and consisted of essential information about each person in the event of an emergency, ensuring the continuity of care delivered to people.

Staff were aware of their responsibilities with regard to infection control and control of substances hazardous to health (COSHH). Relevant procedures were in place. Daily cleaning tasks were completed as per the cleaning schedule. Food temperatures were recorded on a daily basis. Appropriate personal protective equipment was available for staff and waste was disposed of in accordance with relevant legislation.

Good

Is the service effective?

Our findings

People who lived at The Laurel received effective care and support from well-trained and well-supported staff. One person told us, "Staff does their job well". A relative praised the staff team saying, "The staff are brilliant here" and "I think they are very good". Another relative remarked, "They (staff) have necessary skills and knowledge".

Staff received induction when they commenced employment at the home. The induction programme included completion of training and working with an experienced member of staff for a period of time. During this period, varying on the progress made, new staff members watched and learned communication techniques and got to know people's needs. Staff were also required to read people's support plans. New staff were subject to a three-month probationary period in which their performance was reviewed at regular intervals.

We looked at the provider's training report which showed whether staff training was up-to-date, due for renewal or overdue. Most of the training was in date and where training was due or overdue, we saw the relevant training was planned and a course availability list was posted on the office wall. The provider's mandatory training included first aid, moving and handling equipment, safeguarding, fire safety, health and safety, infection control, safe handling of medicines and mental capacity.

The staff that we spoke with had received the training in the Mental Capacity Act 2005 (MCA). The 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 decisions 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). At the time of our inspection there were no applications in place to deprive people of their liberty. The records we looked at showed that mental capacity assessments were carried out. Staff recognised their responsibility in ensuring people's human rights were protected. Staff members described why and how people could be deprived of their liberty and what could be considered as a lawful and unlawful restraint.

We looked at the supervision and appraisal records and saw staff received regular support and had an annual appraisal which included their personal development plan. Supervision is a meeting between the manager and a member of staff to discuss the individual's work performance and areas for development. The registered manager told us they assessed staff's effectiveness through supervision and observation. Staff and the registered manager told us supervision was used for reflective practice.

Staff had many opportunities for sharing information, and these included team meetings, monthly home meetings with people, daily staff handovers and daily informal manager discussions. Communication between staff and the management team was seen as paramount in ensuring that people received timely

and appropriate care and support.

Menus offered a variety and choice of meals, which provided a well-balanced diet for people. There was evidence that preparing the menus involved feedback from people who use the service regarding their nutritional preferences. Input from a dietician and a speech and language therapist was also taken into consideration as a key factor in nutrition planning. There were pictorial menus in use to help people make choices.

Records showed that people's day-to-day health needs were being met. People told us they consulted their GP when they needed to and we saw that each person had a copy of their health action plan. This document contained information about the health professional's people had seen, the outcome of those visits and any follow-up treatment required. Staff ensured people were supported to attend appointments and that after care was followed up.

Good

Is the service caring?

Our findings

People told us they were pleased to live in their home and commented "I'm quite happy here" and "The staff are very good". Relatives praised the service and staff. One relative said, "I think they are very good. They always talk to [name] in a good way".

Relatives told us staff spoke to people in a polite and respectful manner. One relative stated, "They treat service users with dignity and respect". We heard staff talking to people kindly and deferently and staff interacted with people at every opportunity. We saw staff knocking and waiting for a response before entering people's rooms. All the staff on duty were able to describe the individual needs of people who use the service and how they wished to be supported.

Staff gave examples of people's likes and dislikes and demonstrated a good understanding of people's routines and preferences. For example, they were able to tell us how people spent time on their own going out to their favourite places. We saw that staff were responsive to people's needs and anticipated situations that may cause people anxiety and responded appropriately.

People told us they were involved in the planning of their care and could voice their views on how that care should be delivered. One person showed us a copy of their care plan which was person-centred and evidenced their involvement, their expectations and their wishes. In order to facilitate communication, most information was provided in a format that was easy to read, with symbols and pictures. The format gave people spaces to put their pictures of the things they wanted, for example, pictures of home or hospital, important people, movies and music they liked.

People told us they were involved in the running of the service. For example, one person told us how they had chosen and booked a table for Christmas dinner for people living at The Laurel. People also said that when they chose their holiday destinations, they opted for places located near their families so that they could see their family members more often.

People were supported to make choices and decisions about their care. Choices included ways of spending their day, places to go, times to go to bed and to get up. Staff told us and we saw that people were able to have their friends visit them at the home. People informed us they met their key worker every month to discuss the things they wanted to do. People discussed any health care appointments they wished to be included for planning their care. A key worker is a member of staff that works with and in agreement with the person who uses the service and acts on behalf of that person. The key worker has a responsibility to ensure that the person has maximum control over aspects of their life.

Information about advocacy services was available to people in a pictorial easy to read format. People had access to an advocacy service and were able to tell us how an advocate could support them. People told us they were regularly attending for advocacy meetings on which they were provided with the newsletters and the information on their rights and how to benefit from advocacy services.

In accordance with the provider's policy, people were involved in the recruitment process as well as in the running of the service. People attended interviews and asked prospective members of staff questions about things important to them. People's feedback was then requested regarding the suitability of the applicant.

We saw that records containing people's personal information were kept in the main office which was locked and no authorised person had access to the room. People knew where their information was and how to access it with the assistance of staff. Some personal information was stored within a password protected computer.

Good

Is the service responsive?

Our findings

People we told us they were pleased with the care and support staff provided. We saw many examples of the care delivered being responsive to people's needs. For example, those of people who were interested in music invited a local band to play and sing with them. People were supported by staff to prepare to go out on their own. People smiled and talked eagerly about going out. People consistently told us that when they raised ideas or suggestions to staff, they were sure these would be acted on. For example, people could go on holiday to a destination of their choice and this had enabled one of them to see their relatives living in that area.

People's needs were assessed before they moved into The Laurel. This ensured the home knew about people's needs before they moved in. The care records included a personal details sheet, containing such information as the person's religion, GP, next of kin, key worker and other health and social care professionals involved in the person's care.

Care plans were person-centred and clearly showed people were involved in shaping their care. People had stated their goals and aspirations and described in detail how they were going to achieve them. People's care plans included person-specific areas for support such as personal care, communication, mobility, and support with activities. These plans were kept under review.

There were lots of photographs displayed around the home and in people's bedrooms. The photographs showed people engaging in and enjoying a range of social, leisure and recreational activities, both in and outside of the home. People were keen to show us the photographs and pictures of the trips they had been on and displayed an interest in being able to choose activities to participate in. We saw many photographs of relatives and friends, and the decorations reflected people's individual interests, including football, aeroplanes and movies. Staff assured us people were given opportunities to participate in a wide range of activities.

Depending on their interests, people were supported to visit the theatre, go to festivals, classic car shows or bowling. They were also fully supported to visit their families, go on one-day trips and holidays. People could choose either to go on holiday in the company of one staff member or together with several other people and some staff members to support them. Individually, people followed their own interests and hobbies such as going to sports clubs, watching films or going swimming. One person was supported to access a part time job which they enjoyed. Relatives praised the service for the wide range of activities offered to people. One relative told us, "They take him swimming, he goes to a club and goes out for shopping. He is as happy as he can be".

The Laurel was connected to another home run by the same provider. People from both services told us they got on really well together, frequently visiting each other. The service constructed a ramp which allowed people who used wheelchairs or walking aids to move independently between the homes to visit their peers.

Regular house meetings were organised and recorded and at these meetings people were able to discuss any concerns or ideas to improve the service. The house meeting records showed that people raised their voice on such topics as holidays, food and activities.

Each person had a copy of the complaints policy in their folders. The procedure was in a pictorial, easy to read format which meant that everyone could access this information. People told us that all staff were cautious, considerate and responsive if they expressed their dissatisfaction or made a suggestion regarding some aspect of their care. Any problems they had were always resolved quickly and to their satisfaction. One person had an envelope addressed to the Care Quality Commission with a complaint letter in a pictorial form to send if they were unhappy about the outcome of their complaints. However, at the time of our inspection people told us they had no complaints. Among the home's documentation, we saw records made by staff of the issues people had raised. Relatives praised the registered manager and staff for the way they listened to and responded to any concerns raised.

Good

Is the service well-led?

Our findings

The management team consisted of the registered manager and the deputy manager. All of the staff we spoke with were positive about the provider and the management team. Staff described the registered manager as "very approachable". Staff said there was an open culture within the home and everyone's ideas and opinions were listened to. One of the relatives told us "[The manager] is excellent". Another relative remarked, "I think it is exceptionally good service".

Staff told us there was an open culture within the home and everyone's ideas and opinions were listened to. The management and staff had together developed the service where people were enabled to pursue their interests and be as independent as possible. Staff understood their roles and responsibilities and felt supported by their manager. The registered manager told us they made sure staff understood their roles through the use of supervision meetings, staff meetings and appraisals. One staff member told us, 'I love working here. We have a very good team and very supportive manager'.

Staff meetings were arranged regularly to ensure good communication of any changes or new systems. We participated in a staff meeting which was focused on satisfying the needs of people. Staff and the registered manager raised and discussed subjects relating to keyworking, training and changes in organisational policies. Staff told us staff meetings took place each month and their outcomes significantly contributed to the improvement of the service. For example, they had discussed access to e-learning training or guidance on best practice from reputable sources that helped staff to provide better quality of care.

The management team had the authority to make decisions vital to the running of the service and used it to ensure the safety and comfort of the people who live in the home. Examples included: changing staffing levels in order to meet people's needs and ordering emergency repairs if necessary.

The service had established effective links with health and social care agencies and cooperated with them to ensure people received the care and support they needed and at the time it was needed. For example, we saw the evidence that people attended advocacy meetings and were provided with advocacy newsletters.

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

People who lived at the home were formally asked for their views about the service being provided to them. This took the form of an annual questionnaire. The questionnaires were in a picture and word format to help people understand them. Staff helped people to complete the questionnaires if needed. We looked at the questionnaires and saw that the feedback was very positive and no issues were raised by people. People also had regular opportunities to be involved in making decisions about the service and their care.

The provider had a system in place to monitor the quality of the service. This included monthly audits which covered areas such as environmental safety, management of medicines, and incident recording. The audits

showed that the service used the information they gathered to enhance the quality of care people received. For example, cleaning rota was introduced to maintain the environment and ensure it was clean and safe.

The accidents / incidents were closely monitored by the registered manager who reviewed the information to identify any patterns and prevent the recurrence of such incidents or accidents. This enabled the service to minimise different kinds of risks to people.

The provider and the registered manager had produced a business continuity plan which covered many possibilities, for instance, bad weather conditions or events of flu epidemic or pandemic. The business continuity plan prepared the service for running smoothly through possible events that could affect the well-being of people.