

CLS Care Services Limited

The Laurels Residential Care Home

Inspection report

Walnut Drive
Winsford
Cheshire
CW7 3HH

Tel: 01606593048
Website: www.clsgroup.org.uk

Date of inspection visit:
23 February 2016
25 February 2016

Date of publication:
06 April 2016

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

We inspected this service on 23 and 25 February 2016 and the inspection was unannounced.

This residential care home is owned by CLS Care Homes Limited and is registered to provide personal care for up to 40 adults within the home. The home is divided into 3 'households' and offers residential care, dementia care, respite and day care facilities. The home is situated in Winsford, Cheshire. Car parking is available to the side of the property.

The previous inspection was undertaken in July 2013 and the service had met the regulations in place at that time.

There is a registered manager in place at this service. 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.

People told us that the staff were friendly and kind and that the care provided was good. Comments included "The staff are lovely", "They [staff] are kind and helpful" and "I like the staff". Relatives confirmed that their family members were well cared for and that they had no complaints or concerns regarding the service. People told us that the food was good and that they enjoyed the meals.

Systems were in place to keep people safe. These included safe medicines management procedures and assessing and minimising risks to people around the home.

Safe recruitment practices were in place that ensured appropriate checks were carried out prior to a member of staff starting their role. This also helped ensure that only suitable staff were employed by the service.

People were supported by staff who received regular training and support for their role. This helped to ensure that people received safe and effective care and support from a well-trained staff team.

Care plans showed what care and support people needed and were available and up to date. These plans contained specific and detailed information about individuals' that staff needed to know when they were supporting them.

People were asked about their views of the service and audits were completed by the registered manager to ensure that the systems in place measured the success of the service and identified areas for improvement.

People benefited from having access to the services of health care professionals which included GPs, general nurses, opticians and chiropodists.

A complaints procedure was in place and people told us that if they needed to complain they felt they would be listened to. No complaints had been received about or by the service.

We toured the home and saw the communal areas and a selection of bedrooms. The home was clean and free from offensive odours. We noted some areas which needed attention and these were discussed with the registered manager who said they would action them. We saw that areas for people living with dementia had not been designed or developed specifically for their needs and a recommendation was made regarding this.

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.

People said they felt safe when being supported by the staff team.

Procedures and processes were in place to help ensure that people received their medicines safely.

Staff recruitment procedures were in place to help ensure that only staff suitable to work with vulnerable people were employed.

Good ●

Is the service effective?

The service was not always effective.

Areas where people living with dementia resided had not been specifically designed, adapted or developed to meet their needs and a recommendation was made.

People had support with their personal care needs and health care professionals were available to advise and promote their health and wellbeing.

Staff received training and supervision for their role which enabled them to support people safely and effectively.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us that staff were caring, kind and helpful.

Information was available to people about the service provided and the standards of care and support they should receive.

Good ●

Is the service responsive?

The service was responsive.

Care plans were in place that showed what people's needs were

Good ●

and the support they required.

A complaints procedure was available to people using the service.

Is the service well-led?

The service was well led.

A registered manager was in post.

Policies and procedures in place helped ensure that people received safe and effective care and were available to the staff team.

People were asked their opinions about the service that they had received and systems were in place to review and monitor the care and support people received.

Good ●

The Laurels Residential Care Home

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.

We inspected the service on 23 and 25 February 2016. The inspection team consisted of one adult social care inspector.

We spent time at the service looking at records. This included four people's care and support records, four staff recruitment files, policies and procedures and other records relating to the management of the service.

Before our inspection, we reviewed all the information we held about the service. This included looking at any safeguarding referrals received, whether any complaints had been made and any other information from members of the public. Before the inspection we looked at notifications we had received. A notification is information about important events which the service is required to tell us about by law.

The registered provider completed a Provider Information Return (PIR) as requested. This is a form that asks the registered provider to give key information about the service, for example, what the service does well and any improvements they intend to make. We used this information during the planning process to see what they considered the service did well and areas where they intended to improve.

We contacted the local authority safeguarding and contracts monitoring teams for their views on the service. No concerns were raised about this service. Healthwatch visited the service recently and they confirmed that their impression of the service was good. Healthwatch is the independent consumer champion created to gather and represent the views of the public.

On the days of our inspection we spoke with six people who used the service, one relative, one visiting professional, the registered manager and seven staff members. During the days of inspection we observed staff interacting with people who lived in the home. We also undertook a Short Observational Framework for Inspection (SOFI). This is used when reviewing services for people who have conditions that mean they may not be able to give verbal opinions on the service they received.

Is the service safe?

Our findings

People told us that they felt safe and well cared for by the staff at the home. Comments included "I feel safe here". A relative commented that their family member was settled and the staff were "Very good" to people who lived at the home.

People told us they thought there was enough staff available when they needed them and that call bells were answered promptly. We saw enough staff around to meet the needs of people during our inspection and noted that call bells were answered in a timely manner. We looked at the staffing levels and saw the rotas for over a monthly period. We noted that each 'household' had a care team leader and a care assistant on duty during the day and waking staff were available during the night. The care team were supported by ancillary staff that included cooks, domestic supervisor and domestic assistants, activities co-ordinators, and a handyman. The registered manager and home services manager were supernumerary to the rota. The registered manager told us that they had three staff vacancies and that they were due to interview for these posts shortly. They confirmed that the current staff team or casual staff covered the vacant post shifts.

Staff told us how people were kept safe from harm. They said they had undertaken training in safeguarding adults and shared examples of different types of abuse. For example, that "shouting at a person" could be described as verbal abuse. They confirmed the process they would undertake if they suspected abuse had taken place. We saw the registered provider had policies and procedures for safeguarding adults from abuse which included information on speaking out at work (Whistle blowing), reporting and recording abuse. They also had a copy of the local authority safeguarding adults from abuse. Staff confirmed they were aware of the speaking out at work policy and that it meant "reporting another staff member" and "reporting something you see". We noted there had been three suspected allegations of abuse reported over the last two years and documentation seen showed appropriate records had been kept. One safeguarding issue is currently being investigated by the registered provider.

We looked at recruitment and selection procedures and reviewed four staff recruitment files. We noted they were well presented making it easy to find relevant information. We saw staff had completed an application form and a range of checks were undertaken which included taking up two references (one of which was the previous employer, where applicable) and identity checks. A Disclosure and Barring Service (DBS) check was undertaken prior to staff starting work. A DBS is undertaken to ensure that staff are suitable to work with people who may be deemed vulnerable. A copy of the interview questions and an assessment of the interview were also completed. We noted that on two DBS certificates that convictions had been noted, however, there was no record in the staff file to document the decision making process made at that time. This was discussed with the registered manager who agreed that a written note of the decision process would be included in the future.

People told us that staff supported them with medication and that they administered their medicines to them across the day. One person said "Staff give me my tablets in the morning". We spoke with one of the senior staff about medication administration in the home and observed the medications being given during the lunchtime period. The staff described the system which was a monitored dosage system provided by the

local Boots chemist. They provided prescribed medication in a blister pack system, where appropriate, which staff then administered to the individual. Medication Administration Record sheets (MARs) were completed following administration and we saw this undertaken. Some medication was stored in the bedroom of the individual in a locked cabinet, whilst other medication was stored in a locked medication trolley. Information stored with the MAR sheet included a photograph of the person, homely remedy form and a form for PRN (when required) medication. The PRN form showed times staff had administered the last dose and was checked before the next dose was given to ensure the medication was given at the correct interval of time. We saw the senior staff administer medication and ask people if they wanted their PRN medication prior to dispensing from the packaging. They explained what the medication was, and what it helped with, for example one person had the option of two different types of pain relief. The staff member explained one was stronger than the other and asked the person how severe they felt was the pain they were in. The person and staff member then agreed on the level of relief needed. We saw that some people preferred their medication to be put in their hand, on a spoon or on the table. The staff member waited with the individual whilst they took the medication and checked with them that it had been taken. Staff told us that they had received training in medication and that they were aware of the registered provider's policy on "The safe and secure handling and administration of medicines". Controlled Drugs (CDs) were stored appropriately within a locked room. Other medication was also stored in this room along with the medication trolley when not in use. We saw that room temperatures were taken and the last record was over two weeks earlier. The senior staff said the chart was usually kept on the inside of door but had been taken off when the decorators had been at the home. We discussed this with the registered manager who said this would be addressed.

A fire risk assessment and personal evacuation plans were in place to help keep people safe. An annual review of the fire risk assessment was carried out in July 2015 and no actions were noted from this. Each person has a personal evacuation plan (PEEPs). Details of these were kept in the reception area and contained the person's name, room number, next of kin and their phone number, their mobility needs, whether they take night sedation and details of any specific medical conditions such as people living with dementia. A range of risk assessments had been undertaken and were seen within the care planning documentation. These included information on moving and handling, falls, nutrition and skin care. We noted where someone was at risk of falls then a further assessment had been carried out and in some cases 'motion sensors' used to help reduce the risk of falls. Motion sensors monitor movement within the room so that if a person gets out of bed staff would be alerted to this.

Is the service effective?

Our findings

People told us that they liked the food. Comments included "The food is lovely" and "The food is good here". We spoke with people after the meals and people agreed they had enjoyed their meal. We observed two mealtimes, both lunch and breakfast, being served and saw that there was enough staff available to support people as they required. The atmosphere during the meals was relaxed and friendly. Staff were attentive to people's needs and responded quickly when needed. People chatted to each other at the dining table and with the staff as the served the meal. We saw staff sitting with people to have a meal with them, and also to support people with eating their meal. This support was carried out at a relaxed pace which recognised the importance of helping to create a relaxed atmosphere. Staff also treated people with respect by the manner in which they spoke and this showed they valued and recognised the person as an individual. Tables were laid with tablecloths, napkins, cutlery, glasses and condiments. When a meal was placed in front of a person they were offered condiments at this time. People were offered a choice of cold drinks with the meal and a hot drink following the meal.

We spoke with the cook who said they enjoyed working at the home and had worked there for three years. They confirmed that equipment within the kitchen was regularly serviced and that if anything needed repairing then this was actioned promptly. They explained that they worked within a budget and that on occasions some foods were not provided due to budgetary constraints. However, these foods did not impact on the amount of food offered to people, but sometimes affected the amount of choice available. The cook explained that they catered for a range of diets that included people with diabetes, healthy eating, high calorie diets and for some people food needed to be "mashed" or "pureed". They said that full fat milk, butter and cream were added to meals to fortify them. The cook confirmed that they had information with regard to food allergens and that at present people who lived at the home did not have any food allergies. We discussed meals for diabetics and the dessert of the day, which was semolina. The cook said that they used artificial sweetener in this so that "everyone can eat it". We discussed taking some portions out of the dessert to sweeten with artificial sweetener, prior to sugar being added to the rest of the dessert. This would enable all different dietary needs of people to be met. They agreed that was a good idea and it was also mentioned to the registered manager who agreed to address this.

Temperatures of fridges, freezers and hot food were kept and seen and a five weekly menu was used. We saw that people had a choice of meals and that staff asked people what they wanted to eat each day. A form was completed that showed what each person wanted that day from the choices available. Cleaning schedules were in place and we saw these were completed appropriately. The kitchen was clean and orderly during our visit.

People and relatives told us they thought staff had sufficient training to meet their needs. Staff received a range of training in line with their designated role. We saw that staff undertook training in moving and handling, fire safety awareness, safeguarding, dementia awareness, food safety and hand hygiene. The registered manager explained that they used a computer based system which highlighted when staff were due to attend courses. They explained that this system worked well for the service. Staff confirmed that they received supervision on a three monthly basis and an annual appraisal and records indicated that these

were up to date. Staff had access to meetings which were held across the year where they could discuss issues relating to the service.

We spoke with new staff members about their induction process. Staff said that they had undertaken an induction at the start of their employment. One person said the first three days included training on moving and handling, fire awareness and dementia awareness. This was followed with shadowing an experienced staff member for a week. They said that they were undertaking the Care Certificate at present. The Care Certificate is provided by the Skills for Care organisation. It is the start of the career journey for staff and is only one element of the training and education that will prepare them to be ready to practice. Staff confirmed the information they received was sufficient for them to undertake their role and that the induction process was good.

The Mental Capacity Act 2005 (MCA 2005) 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 2005. 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 2005, and whether any conditions or authorisations to deprive a person of their liberty were being met. The registered manager was aware of the principles of the Act and how to determine people's capacity. Four people had a DoLS authorisation in place. These were clearly documented and information was reflected within the individual's care plan documentation. Where a person was unable to make their own decisions then options for a least restrictive plan was considered before an application for DoLS authorisation would be submitted. The registered manager said they had a new mental capacity assessment tool which they would use in the future and a copy of this was seen during the inspection. Prior to this an assessment flow chart was used to determine an individual person's capacity to make decisions and we observed that staff demonstrated people's consent during their practice.

Information with regard to people's healthcare needs was recorded within the care plans. We saw that professional visits included GPs, community nurses, dieticians, opticians, chiropodist and consultant appointments at local hospitals. A visiting professional told us they had regular contact with the service and that they had no issues with them. They said that "The care is excellent" and "Staff take on board changes and instructions offered by them".

We toured the building and saw all the communal areas and a selection of bedrooms. The home was clean and free from offensive odours and the environment was light and airy. People told us that they liked their bedrooms and had the opportunity to bring in personal items, pictures, photographs and other mementos. Two of the 'households' were secure as people living there needed a more secure environment. These 'households' were specifically for people who were living with dementia. Limited adaptations had been made to these areas, with some tactile surfaces being available along corridor walls. We spoke with the registered manager about the environment and the model of dementia care that was used within the home. They explained that no specific model was used and a recommendation was made regarding this.

We recommend that the registered provider review suitable models of dementia care and look at developing the environment for people living with dementia to become a more dementia friendly place.

Is the service caring?

Our findings

People told us that staff were caring and kind. They said "Staff are lovely", "The staff are very kind" and "The staff are very nice and friendly". A relative said that their family member had settled well and that staff "Cannot do enough for people here". They had no concerns about the care and support provided. We saw that people appeared happy and well cared for during our inspection.

People and relatives explained that they had seen the registered manager prior to admission. This visit was usually at their own home or in hospital. The registered manager explained that a pre assessment document was completed prior to an individual moving into the home and that during this time people were asked about what support they needed and their likes and dislikes and records confirmed this. People were encouraged to visit the home prior to admission. Staff told us that on admission they took time to talk to the person and any family or friends involved to gain as much knowledge about the person as possible. One staff member said that "People get involved as much as they can" and another commented that "We try and encourage new people to talk and ask them questions about their life and past history".

We spoke with staff about how choice was offered to people who live at the Laurels. They said that people were asked each day what food they would like to eat from choices on the menu. Also one staff member explained that when supporting one person to dress they had shown them two different outfits and the person pointed to the one they wanted to wear. Another said that sometimes if someone had a limited or no verbal communication that choices were made from information gained from family, friends and from other people with knowledge about how the person lived in the past. We saw that staff respected people's dignity by knocking on bedroom doors before entering and by their engagement with people, for example, when reminding people to go to the toilet.

People had access to a range of information about the registered provider and the home. We saw the statement of purpose which included information about all the types of services owned by the registered provider. It included their philosophy of care and aims of the service. It also stated the address and telephone details of each service, the registered managers' details and the type of service provided. A copy of the organisational structure was also included. The "Your guide to living at the Laurels" (service users' guide) was produced in large print format which included pictures. This document detailed information about the service and what a person could expect to receive. There were details of how to make a complaint and information about the registered manager and staff team. We noted the registered manager details were incorrect as the registered manager had recently returned from maternity leave. By the end of the inspection, the information had been updated.

Staff told us that they were aware of the policies and procedures and that they had seen the document called "Your guide to working with CLS" (Staff handbook). They confirmed that they signed to show they were familiar with its contents and understood their rights and obligations under the services policies and procedures. This guide contained a wide range information for staff including safeguarding; fair treatment health and safety; personal safety; food safety and details of useful contacts.

We looked at how the registered provider ensured staff treated people with dignity and respect. Within the staff handbook there was information on conduct and performance. This included information on how staff should behave and act on duty, capability to undertake their job and how to raise a grievance. Other information included a creating a good impression document which showed what the registered provider expected of the staff team.

Is the service responsive?

Our findings

People told us that staff were available when they needed them and that call bells were answered as needed. During our inspection we saw that staff were attentive to people's needs and that call bells did not ring for a long time and were answered in a timely manner. We saw that staff were kind and friendly towards people. Relatives commented that staff were attentive to people and that "Staff cannot do enough for people here".

People and relatives said they were involved in the care planning process. The care plan was developed over a period of time and reviewed and updated to ensure that people's needs were met. Relatives said that the staff kept in touch with them about their family member and that this was appreciated. We looked at four care plans and other documentation which related to the support a person received. An admission checklist was completed to ensure all admission processes had been completed. Care plans were centred around the person, detailing the support they needed and were up to date. This meant that staff had accurate and up to date information about the individual.

A daily record of each individual was kept called a 'progress record'. These showed clear written details about the person which included tasks the person had undertaken, support given, activities undertaken, visitors and information about the person's general well-being. Information was also included about food and fluid intake. Records were completed for each shift, twice a day.

People and relatives told us they were involved in the reviewing care needs. Records seen confirmed this. People had commented that they were happy with the care and support received. Other comments included "Family are happy with the care", and "[Name] would like to continue with the social events outside the home", "No concerns".

People told us they enjoyed the activities within the home. One person told us they particularly liked the prize bingo and pamper day. We saw that the activities for the forthcoming month were displayed on the noticeboards around the home. Activities included ball games, prize bingo, hairdresser visits and pamper day, games, puzzles, quizzes, arts and crafts, movement to music and reminiscence time. Also one to one time was undertaken with people. This is when a member of staff spends time with a person on an individual basis. Sometimes this is for a chat, doing a puzzle together or going out into the community. Each month an entertainer visited the home and religious services were held. We spoke with one of the activities co-ordinators who explained that there were 2 activity co-ordinators who worked three days each. They said that apart from the daily activities they also had a small shop where people could purchase a range of items such as toiletries, tissues and sweets. Meetings with people and their relatives had been undertaken in the past but not for some time. A meeting was planned for the near future and the activities co-ordinators would lead this. Activities outside the home included tea and chat at the local church; accessing the local community on a one to one session with people; and shopping. Records were seen and kept of each person and the activities they had undertaken over the previous month. We noted that on days when the activity co-ordinators were not on duty or on leave there appeared to be no activities planned. This was discussed with the registered manager who said they would look into this and address it.

People and relatives said that they were happy with the service and had no complaints. Comments included I have "No concerns" and "No problems, the staff are nice and helpful". We saw that the registered provider had a customer feedback and complaints policy in place. This included how to make a complaint, how it would be dealt with and what to do if you were unhappy with the outcome. The registered manager stated that they had not received any complaints about the service. We looked at how complaints would be dealt with, and found that appropriate processes were in place in the event of a complaint being made. We have not received any concerns about the service since the last inspection. A range of cards and letters were seen which showed praise of the staff and service. Comments included "Thank you for your care and kindness", "Thank you for your high level of care, kindness and dignity showed to people", "[Name] was very happy at the home" and "You are all kind and thoughtful".

Is the service well-led?

Our findings

A registered manager was in post that had worked for the registered provider for two years and had been registered with the Care Quality Commission for 18 months. The registered manager was supported by the registered provider, home services manager and staff team. Staff were aware of their roles within the service and there were clear lines of accountability. People and relatives told us they knew who the registered manager was and could speak with them at any time. People said the registered manager is very nice and friendly. Relatives commented that they were very happy with the service provided and that they had "No concerns". Staff said positive comments about the registered manager and that she was friendly and supportive. Comments included "The registered managers' door is always open or you can phone her", "I feel confident I could raise any concern I had, but it's good here" and "The registered manager and staff team are approachable". Other comments included that the registered manager was approachable, helpful to them and that their "Door was always open".

People and relatives told us that they were asked on a regular informal basis if they were happy with the care and service provided. They said that views were sought during the care plan review. A survey had been undertaken on behalf of the registered provider by an independent company, Ipsos MORI. This was completed in 2015 and showed what people thought about the service. Areas covered included staff and care, home and comforts, choice and having a say and quality of life. People who took part in the survey were overall satisfied with the home. Other comments included "The care is very good" and "What I like is I can please myself whether I sit in the lounge or my room".

A range of audits were completed and included marvellous mealtimes, care plans, night visits, health and safety, workplace safety and medication. These are completed regularly throughout the year and included actions to be taken and by when it was to be undertaken. For example during the marvellous mealtime audit in January 2016 checks were made to ensure that the dining experience was a positive one and that people enjoyed their meals. Comments from people included "Its ok", "Very nice" and "Main meal nice, and pudding not good". The registered manager undertook two night visits a year with a colleague. The registered manager explained that these were unannounced visits and they were staggered across the year.

The registered manager completed audits on accidents and incidents, and records showed that these were recorded with a brief description of the accident or incident and noted the people involved and any follow up action taken. The registered manager said these audits helped her to look for any trends occurring and enabled her to take action as appropriate. For example where a person had several falls then medical intervention was sought, further assessments made and movement sensors used where appropriate. The registered manager explained that an audit of each room was completed monthly and this included checking all areas of the room, furniture and fittings and windows. Actions required were noted at the end of the document. This was then given to the 'handyman' to address as appropriate.

The registered manager was aware of the incidents that needed to be notified to CQC. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.

People's personal information was stored in a manner that protected their privacy and in line with the Data Protection Act 1998. For example, care records were accessible to the individual and staff team and electronic records were only accessible to staff with appropriate passwords. This helped ensure that people's personal information was only accessible to staff who required it.

The registered provider had policies and procedures in place to promote safe working practices and to promote the health, safety and wellbeing of people who used the service and the staff team. These policies and procedures were reviewed on a regular basis to ensure they contained the most up to date legislation and good practice guidance. Staff had access to these policies and procedures at The Laurels.