

Stillness 929 Limited

The Laurels

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The Laurels is a specialist rehabilitation service. It provides care and support for up to 12 people who have an acquired brain injury and complex neurological conditions. The service supports people to access a range of rehabilitation programmes. These are designed individually with the aim to support people to return to life in the community. There were 12 people living at the service time of this inspection.

The service can also provide care for people in their own homes in the city of Lincoln and its surrounding villages. At the time of our inspection there were no people receiving care in this way. However, the registered persons had ensured systems were in place so that this type of service could be provided if needed at any time.

The service was run by a company that is the registered provider. There was a registered manager in post. 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. In this report when we speak about both the company and the registered manager we sometimes refer to them as being, 'The registered persons'.

At the last inspection we carried out on 23 June 2015 the service was rated 'Good.'

This inspection was carried out on 12 July 2017 and was announced. During this inspection we found the service was 'Outstanding.'

There was a registered manager in place who ran the 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. In this report when we speak about both the company and the registered manager we sometimes refer to them as being, 'The registered persons'.

The registered manager was known personally to everyone at the service and people were kept at the heart of the services provided. People were actively involved in the preparation and on-going review of their personal care plan. Staff understood what was important to each person and worked closely with each other and external health and social care professionals to promote people's well-being.

The creative and individualised approach to support displayed by the registered manager and staff provided clear therapeutic benefits for people. People received individualised support which was responsive to their diverse and changing needs and preferences.

The registered persons provided staff with strong, values-led leadership. Staff worked together well and

were proud to work for the service. They felt listened to and well supported through supervision and training to work effectively.

The registered persons had assessed potential risks to people. When any accidents or incidents had occurred they had put preventive measures in place to reduce the risk of them occurring again. Staff knew how to recognise and report any concerns they had for people's safety in order to ensure people were kept safe from harm.

Staff were recruited using safe systems to do this and there were enough staff in place to provide the care each person needed and in the way they had chosen to receive it.

People were involved in making decisions about their care and how they wanted to be supported. The registered manager had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). This measure is intended to ensure that people are supported to make decisions for themselves. When this is not possible the Act requires that decisions are taken in people's best interests.

The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards (DoLS) under the MCA and to report on what we find. These safeguards are designed to protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had taken the necessary steps needed to ensure that people's rights were protected. At the time of this inspection four people had their freedom restricted and the registered persons had acted in accordance with the Mental Capacity Act 2005 (MCA).

People had access to a varied diet and were supported to eat and drink enough to promote their health and well-being. People who needed staff assistance to take their medicines were supported safely to do this.

People and their relatives were encouraged to voice their views and opinions about the service provided. People knew how to raise concerns or complaints and were very confident that the provider would respond promptly and effectively if they raised any concerns with the registered persons.

A range of effective auditing and monitoring systems were in place which were used by the registered persons to ensure the approaches to care and the delivery of it reflected people's preferences and needs.

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 were protected from the risk of avoidable harm and kept safe by staff who knew how to identify and manage such situations.

Staff were recruited safely and background checks had been completed before new staff were employed.

Staff resources were well managed, and staff were deployed in ways which ensured they met people's needs in a consistent and timely way.

Clear systems were in place to ensure people's medicines were managed in a safe way.

Good 

Is the service effective?

The service was very effective.

Staff had the knowledge and skills required to meet people's individual needs and promote their health and wellbeing.

The registered person's ensured staff received all the training, including any specialised training they required and actively supported the on-going development of staff skills.

Staff worked very well with local social and healthcare services and supported people to access any specialist support they needed.

People were supported to make their own decisions and staff had an understanding of how to support people who lacked the capacity to make some decisions for themselves.

People were supported to maintain their health and well-being and have enough to eat and drink to stay well.

Outstanding 

Is the service caring?

The service was very caring.

Outstanding 

Care and support was provided in a warm and friendly way that took account of each person's personal needs and preferences.

Staff knew people as individuals and supported them to have as much choice and control over their lives as possible.

The registered persons organised additional support for the people who used the service to promote their health, well-being and happiness.

People were treated with dignity and respect, confidentiality was maintained at all times and people's diverse needs were met.

People and their circle of support had received the care and support each had chosen and needed at the end of their lives.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their changing needs. People were actively involved in the preparation and review of their personal care plan.

Staff encouraged people to maintain and develop all of their chosen personal relationships and to have an active presence in their local community. People were also supported to to maintain any personal interests they had.

People knew how to raise concerns or complaints and were very confident that the registered persons would respond promptly and effectively.

Is the service well-led?

Outstanding ☆

The service was very well-led.

The registered manager was known personally to everyone who used the service and provided staff with strong, values-led leadership.

A culture based on collaboration and team work had been established and maintained by the registered manager. Staff benefitted from acting on good practice guidance, were well supported and proud to work for the service.

The registered persons sought people's opinions on the quality of the service and were committed to the continuous improvement of the services they provided.

The registered persons achieved this through the range of auditing and monitoring systems they had in place to ensure the care provided reflected people's needs and preferences.

The Laurels

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 was 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.

Before our inspection visit took place, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also looked at other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 12 July 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice prior to our visit. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

During the inspection we spoke with three people who were receiving different types of support at the service and two visiting relatives. We also spoke with five relatives by telephone and received written feedback from two relatives about the support their family members received. In addition we spoke with two of the care staff support team, the services physiotherapist and their assistant, two of the speech and language therapist team members, a nurse student who was undertaking a placement at the service, the cook, the administrator and the registered manager. We observed the support and care provided in communal areas of the service and looked at the care records for three people who received support. In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who were not able to speak with us direct.

We also looked at records that related to how the service was being managed including how staff were recruited and deployed, training and the quality assurance systems the registered persons had in place.

As part of our inspection we also invited and received feedback from two healthcare professionals, a local

GP who visited the service regularly and the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the registered persons were meeting people's needs and wishes.

Is the service safe?

Our findings

People we spoke with said that they felt safe living at The Laurels. Relatives we spoke with also told us they felt their loved ones were supported appropriately with their safety needs. One person described how, "The whole team here work together to give care safely. I feel very sure of all the staff and have a real trust in them." A relative commented that, "[My family member] had reached rock bottom at home and was so low in mood. The admission to the service has ensured [my family member] is still alive and safe. The help the care staff give every day and night is excellent and they ensure safety and well-being is the first priority. We have built a fantastic relationship with all the staff and I trust them all."

Records showed and staff told us that they received training about how to keep people safe. The registered manager demonstrated her clear understanding and commitment to work with other agencies should any safeguarding concerns be raised. Staff we spoke with were very clear about how to report concerns for people's safety using the registered persons' policies and procedures and which external organisations they could report their concerns to. These included the police, the local authority and ourselves. There was information around the service for people and staff to refer to if they had any safety concerns and this was presented in different formats so that everyone could access the information.

People told us staff supported them to understand the potential risks they could encounter as part of their everyday lives. An example of this was a person describing to us how they had been receiving physiotherapy sessions in order to develop their physical strength to do everyday tasks such as shopping. The person told us, "I have had great support in considering potential risks regarding co-ordination and falling. They [staff] accompany me to the shops and stay near to me for guidance so I avoid any specific risks whilst at the same time recovering and getting back to normal." In the care records we looked at we saw the risk management plans in place were regularly checked and reviewed to ensure they were up to date.

The registered manager and staff demonstrated their understanding of how to report accidents or near misses and the registered persons had a policy in place to support this. Any incidents which had occurred had been recorded and reported in the right way to ensure we and other external professionals were clear about any actions needed and taken to keep people safe from harm. When it had been needed the registered manager had sought additional support from external social and healthcare professionals to ensure people would always be safe. A healthcare professional told us that people benefitted from, "A person-centred approach from a variety of specialist disciplines. The registered manager seems well-supported by her staff and, where there have been concerns; she has been quick to inform us of actions she has taken. The service recognises its limitations in regard to management of challenging behaviours and makes referrals elsewhere as necessary."

People who lived in the service, relatives we spoke with and staff told us there were enough staff on duty to support people with their needs and wishes. Staff rotas showed that the numbers of staff required to meet people's needs were consistently on duty. This included the fulfilment of any individual support hours that people needed. A GP commented that, "I have always found staffing levels to be adequate. Staff are extremely willing to cover for each other, as well as to work extra shifts when acutely unwell patients

increase work pressures."

The registered manager told us and staff we spoke with confirmed, staffing levels were carefully planned in line with the time each person needed to both meet their care needs and to interact with them socially. In order to achieve this, detailed assessments were carried out together with people and their families before any new admissions took place so that any issues linked to meeting needs safely could be considered and addressed. Describing the support they received as part of this process a relative of one person told us, "The transfer to the home was done very well. We were all prepared and well informed so that when the time came for things to happen it all went very smoothly and safely."

We saw an example of this when during our inspection we noted one person had been admitted to the service in a planned way following post-acute treatment for a stroke and brain injury which occurred shortly after the person gave birth to their child. The registered manager described how they had supported the person to spend time bonding with their baby during their period of treatment as they had recognised the separation was having a negative effect on their care recovery. The registered manager ensured the person's circle of support were included and enabled to stay with their family member and their child together safely at the service. Appropriate safety checks were carried out by the registered person's and staff completed a 'safeguarding for children' training module to supplement the safeguarding training that they had already received. The registered manager also told us that they had arranged some additional training for first aid for children which was planned to be delivered to all staff by an external source. This meant that the person had the opportunity to be in control of their life as much as possible with support provided in a safe environment.

Records showed that the registered persons had carried out background checks on staff before they commenced employment. Details such as employment history were obtained along with appropriate references from previous employers. They had also carried out Disclosure and Barring Service (DBS) checks to ensure that prospective staff would be suitable to work with people who lived in the service. Staff we spoke with confirmed they had experienced this part of the recruitment process when they applied to work for the registered persons.

People told us they were supported to understand what to do in emergency situations such as a fire. The registered manager told us and records showed that environmental checks had been carried out and any identified risks responded to. For example, we saw windows in the upper floor of the service had been fitted with restrictors to eliminate the risk of any one falling out of them. The registered manager also told us how fire safety systems were checked regularly and fire drills were carried out. They also told us following a recent visit from the local fire safety officer they had undertaken a review of the fire safety arrangements in place and responded in full to the recommendations made. The registered manager showed us a report confirming all of the detailed actions they had taken and were planning. These included carrying out evacuation drills with all staff and the people who lived in the service so everyone was clear about the actions needed and the support people would expect to receive. One person told us, "We had a fire alarm test recently. It was fine and the staff were checking they could make sure everyone could leave the building quickly and safely if a fire broke out." We also saw that the registered person's business continuity plan was available and up to date. This is a plan which sets out the arrangements which are in place to respond to and address any emergency situations.

People told us they received their medicines in the way they had been prescribed. The processes in place for the ordering, storage, administration and disposal of medicines were in line with national good practice guidance. This included those medicines which required special storage and recording systems. Records for the administration of people's medicines were completed appropriately. Internal and external audits were

carried out regularly to ensure the quality of the medicine support systems in place were being sustained. Records showed how any actions identified as needed were followed up quickly and that there were no outstanding actions which needed to be followed up. No-one who lived in the service at the time of the inspection was in control of their own medicines; however the registered manager and staff were knowledgeable about the safety processes they would follow if someone chose to do this. Staff who administered medicines had received training about how to do this safely. The registered manager told us how this training was completed annually so that staff could be kept updated with any changes to practice in this area.

Is the service effective?

Our findings

People we spoke with, and their relatives, told us they thought staff were very well trained. They also said that newer staff were guided by more experienced staff in how to support people in the right way. One person said, "I think the staff and manager are all very highly skilled. They know what they are doing but don't take it for granted that they know what we want. They see us as the expert and work with us and arrange the care as it's needed." Describing how the registered manager had helped co-ordinate service's and encourage collaborative working with other professionals a relative told us, "The manager and the physiotherapist came to see us in hospital where they spent quality time assessing [my family member] and providing us with key factual information which we hadn't been provided with from elsewhere before their visit. They were both absolutely brilliant." The relative also told us how the support provided by the services occupational therapist led to a very positive outcome for their family member ensuring they were helped to manage more confidently at home and that they were seeing, "Great progress."

When new staff started to work at the service they were supported to undertake a comprehensive programme of induction training. This included the completion of the Care Certificate. This is a set of nationally recognised induction standards. This meant that new staff had the opportunity to develop the appropriate skills and knowledge to meet people's needs and wishes in a structured and supervised way. A newer member of staff told us they had benefitted from this approach to induction, which included shadowing more experienced staff, learning through gaining practical experience and through the completion of training. They said this had helped them to develop their confidence to work without direct supervision and at the same time get to know the people who lived in the service and how they liked to be supported.

All of the staff we spoke with and records we looked at confirmed staff had regular time set aside with the registered manager or senior staff to discuss their work performance, training needs and any issues they may need support with. Records confirmed this and showed that individual meetings also included discussions about issues such as reflecting on their own practice, promoting dignity and respect for people. The registered manager told us this approach helped the team to develop individual and team approaches to care. All of the staff we spoke with echoed this view.

The service also provided opportunities for students to experience learning through placements which had been arranged with a local university. The registered manager told us how the placements were aligned to the induction programme in place and how this benefitted both the student and the staff team through shared learning opportunities. We spoke with a nurse student who was undertaking their current placement. They described how they had been enabled to develop their skills and learning during their time at the service. They told us, "It's been a brilliant experience and the opportunity to shadow and work alongside the range of professionals who work here and visit has really helped me with my learning and skills development. I know of other students who have been on placement here and they all speak very highly of it. I can see why."

Records showed, and staff told us, that there was a structured training programme in place which enabled

staff to update their skills and develop their knowledge. This programme included training that the provider said was essential such as person centred care, helping people to move around safely, fire safety, infection control and food hygiene. The registered manager told us one of the key focuses for training was the development of skills to enable staff to support people who experienced brain injury. With this in mind the registered manager told us and records we looked at confirmed that since our last inspection the registered persons had applied for and been awarded 'approved provider status' with the national brain injury association 'Headway.' This status was given to the service in November 2016 following 'Headways' detailed assessment of the services provided and was awarded for a period of two years. This meant people benefitted from the added assurance of knowing staff were skilled in providing appropriate specialist care services for brain injury survivors with complex physical and cognitive impairment. In addition, people, staff and the registered manager could access the range of publications and frontline services 'Headway' provided to help those affected by brain injury.

The registered persons' training programme also included specific training related to people's individual assessed needs. For example, some staff were trained to provide specialist care such as supporting people to receive nutrition through specialist equipment directly into their stomach. Describing the positive support staff gave one person using this method a healthcare professional told us, "Their [staff] practice around the tube feeding has been very safe, with good care plans in place and ensuring all relevant staff remain trained and up to date."

Other more specialised training included developing skills related to; epilepsy and neural disorders. Staff had also undertaken training in behavioural support and managing any associated risks. The registered manager also confirmed staff were supported to undertake nationally recognised qualifications in social care.

The registered person's staff training programme also enabled staff to learn about, understand and follow legal guidance when supporting people with making any decisions. Records showed that staff had received training about the Mental Capacity Act 2005 (MCA) and they demonstrated their understanding throughout the inspection. We saw examples of staff supporting people to decide what they wanted to do with their day and what they wanted to eat. People's care records showed the level of support they needed to make decisions for themselves. Where people were not able to make a decision we saw that staff had followed the MCA guidance regarding making decisions in a person's best interest, including involving others who knew the person well.

People and relatives we spoke with told us when they moved into the service or visited it regularly the registered manager and staff took great care and time to get to know about them and their life history so that they could fully respond to their needs and enable them to make their own decisions about care. One person said, "I need to be sure I am in control of my own destiny. The staff are led by me and they are always respecting my views." Staff we spoke with told us this approach helped them to make a better assessment of the person's needs so that they could offer the right level of support.

When people experienced any difficulties in expressing their views and needed help to make decisions systems were in place to fully support them to do this. The registered manager and staff understood what constituted a restriction to someone's freedom and staff had been trained in, and showed a good understanding of, 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 made on their behalf must be in their best interests and as least restrictive as possible. When it had been needed the registered persons had assessed

people's capacity to consent to their care and support. The resulting assessment information was understood by staff and reflected in their practice.

An example of this was when one person had found it difficult to fully engage with the services needed to support them with their needs. The registered manager and staff had taken time to understand the person and to see things from their point of view. This work included them considering the barriers to providing care. They learned that the most important thing in the person's life were their family. With this in mind the registered manager worked with the family as a whole, arranging an advanced care planning meeting while the person still had capacity to be the decision maker about their future wishes. The person was fully engaged with throughout this positive process and even when the person had experienced difficulties with communication they were enabled to continue to express their views and wishes through the use of an electronic communications aid device.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Four people who lived in the service at the time of our inspection was subject to a DoLS authorisation and we saw that the conditions of the authorisation were being met.

People we spoke with told us they were very happy with the arrangements in place to support their nutrition and hydration. People told us they chose the types of food they wanted on the menu through discussions with staff and the cook. One person said, "It's not just the what is on the menu. If we want something we just let them know and it gets bought or we go out with staff and buy it. The range and quality of food is excellent." The registered manager and staff described the importance of meal times and maintaining people's nutrition levels as part of their recovery. With this in mind, although meal times were mainly protected so that people had the opportunity to eat and drink without being disturbed, staff joined people with their meals and ate together with them. We saw this made meal times very much a social occasion. People told us they felt more relaxed and enjoyed their meals knowing any visitors they were expecting were clear about when they would be coming. Throughout our inspection visit we saw that the people were supported to eat and drink as independently as possible with any additional help given discreetly and sensitively. One person told us how staff had offered them support and advice with regard to healthy eating and care record information we looked at showed that staff offered everyone the opportunity to get weighed regularly. A care staff member we spoke with told us how this helped to identify at an early stage if people needed extra support with their nutrition. This view was supported by the relatives we spoke with. A healthcare professional added that, "The staff at the Laurels have always worked very effectively as far as I have seen. They are easy to contact and maintain good, regular communication. In terms of eating and drinking they have regular input from speech and language therapy and a chef on site who has always been very flexible and willing to incorporate any recommendations. Staff are always very aware of resident's intakes and any dietary restrictions. The staff also seem very knowledgeable about patient's conditions and how this affects their nutritional status, as well as communication, behaviours, and clinical condition."

Everyone we spoke with, including people's relatives, told us they were supported by staff to ensure their daily and longer term health needs were met. People spoke about seeing local community nurses and their GP's as part of the programme of support each person had in place. The registered manager and a person's relative told us how their family member had recently experienced on-going issues with toothache and that the registered manager had been pro-active in sourcing a community specialist dentist to visit the service and to personally deliver the treatment needed and how much this had benefitted the person. The relative commented, "The staff saw [my family member] was in pain and acted to get things sorted. The biggest difference being here is they look very content and happy!"

Is the service caring?

Our findings

People told us they felt all of the staff who supported them were very caring. One person told us, "They are literally life savers. Before I came here I had no hope. Now I have more than hope. I have a life." People's relatives also described staff as being caring and supportive to their loved ones. A healthcare professional commented, "The Laurels has a very caring atmosphere and it is clear the wellbeing of the residents is at the centre of what they do. As a community worker I visit a number of care facilities and I am aware the Laurels is smaller than most, but they manage the complexity and variety of their residents well and from my perspective I would strongly praise the care they provide."

We noted there was a consistently calm and caring atmosphere throughout the building. This was because staff were sensitive to everyone's needs and spoke in hushed tones when they communicated with people and others were resting. We observed a high level of physical and emotional support being given to people by staff and that this helped ensure people had the opportunity to be themselves.

Staff were careful and measured in their approaches to providing support and we saw all interactions were unhurried with staff explaining what they were about to do together with the people who clearly knew staff very well. One person told us, "I have all the time I need for privacy. If I come downstairs it's because I want to sit and be with people or on my own. There is plenty of space here and it's also relaxing to sit outside in this nice weather." A local GP who had regular contact with the service told us, "Staff are always very patient with each other and the service users and have a good understanding of the types of behaviours which can be manifested in patients with brain injury. It is through their expertise that they [staff] are able to engage patients in therapy."

There was a very strong person-centred culture at all levels and staff understood that people were at the heart of the service. This was because the registered manager and staff promoted a consistently caring culture based on a range of clear policies and procedures they had in place. We noted these were available to support people in maintaining all of their individual social, spiritual and sexual choices.

At the start of our inspection the registered manager told us how at the beginning of every work shift they made a point of visiting and saying hello individually to all of the people who lived in the service. We accompanied the registered manager as she undertook her morning visits and observed very positive interactions between them and people. One person told us, "It's nice to see the manager and them us. It starts the day and I feel cared for all the way." Throughout the inspection visit we saw people's need for privacy and personal space was respected. Staff knocked on doors to people's rooms and waited to be invited in. Everyone had their own single bedroom and people told us they chose how they wanted their room decorated and that they maintained their room in ways that were comfortable for them.

Throughout the inspection we saw that people who lived in the service and staff displayed a mutual respect towards one another. We observed that conversations were conducted in a mature manner and everyone displayed common social courtesies towards others. We saw that interactions between the people, visiting relatives and professionals and staff were warm and friendly, creating a very welcoming atmosphere to the

service. A relative told us, "For us this is what has made it outstanding. The care and approach to caring has been second to none."

People and their circle of support told us they felt able to express their views and opinions to staff and the people they lived with. They told us they had meetings where they could share their views and everyone listened to each other.

We saw staff were guided by people in respect of the timing and the nature of support provided. An example of this was when we observed three members of the staff support team offering support to a person with their daily physiotherapy and mobility exercises as set out in their support plan. The activity was undertaken in a supportive and sensitive way with staff giving gentle encouragement and re-enforcing the progress the person was making with their mobility with very positive comments. It was clear the approach to supporting the person had been planned, was measured and took account of the time the person needed to undertake the session.

One person who lived in the service told us how their self-esteem had increased greatly through the care they had received saying, "I feel so much more confident being here. The support and care I have had has moved me from the lowest point in my life to a much much better place. My behaviours have changed you see. I can go out and I don't do the things that got me so low. My life has changed as a direct result of me being here. The care team are always here for me."

The registered manager and staff understood the importance of promoting equality and diversity. Through our discussions with people we noted that arrangements had been made to meet their personal wants and diverse needs, and from the information contained in their support records; we saw people were fully enabled to develop and maintain any religious beliefs they had and their personal relationships with their circle of support. This included family, friends and partners. We saw how one person was supported to go out to see and stay with their family regularly and relatives told us they were encouraged to visit people at the service and always felt very welcomed when they did.

We also found that staff were very aware of and fully understood the impact that bereavement had upon people and how everyone coped with these experiences in different ways. We saw that staff had found creative ways to support people with their needs and planning at the end of their lives. The registered manager told us how they acted as a training resource for end of life care for the registered persons and that she delivered training for staff. In addition, staff had received training in specific end of life care which was linked to nationally recognised models of practice in this area. When describing the registered manager's approach to supporting people a GP said, "Patients with life limiting conditions are encouraged to prepare advanced care plans at an appropriate stage, and are supported to do so. Family are kept abreast of the progress of those who are near end of life and are accommodated fully with extended visiting hours." A healthcare professional added that, "Care planning is forward-thinking for example, in relation to end-of-life issues. Where problems arise, the response is always constructive, seeking solutions and working closely with this team."

The registered manager emphasised their approach saying, "When a person is reaching the end of their lives it is so important to get things right. We don't get a second chance to do this." They told us, and records we looked at confirmed how they went above and beyond what was expected to ensure caring was at the centre of everything the staff did. An example of this was when one person who needed support from the service and from other agencies received all the care they needed in a caring and co-ordinated way. The registered manager and care team worked in close collaboration with, person, their family, the local hospice care team and specialist nurses. By working in this way they had considered and helped communicate the

potential benefits and risks of treatment and non-treatment to the person.

The registered manager described how this had also enabled them to keep family members updated and to fully respect the person's wishes to have their circle of support at the centre of and fully involved with the end of life care planning. This also involved the service enabling one of the person's parents to stay over at the unit in the final days of the person's life so staff could fully support them too. This helped ensure they were rested and able to be near when death approached. This was very important for the person's parent as they were able to hold the person's hand in the final stages of life and to say their goodbyes together. The registered manager described how the person's circle of support had requested that the door in their bedroom was open when they died to allow the person's spirit to leave and this wish was carried out. Following this experience the registered manager held de-brief sessions for staff in order to give the staff chance to deal with and work through their emotions and the registered manager showed us a memory book, which they had put in place for staff to write in which they shared with the person's circle of support.

When describing their caring approach a healthcare professional added, "Caring is a real strength of the Laurels. Whenever I visit all members of staff I have seen appear to show continuous care and compassion for the residents. For the residents I have been involved with, the staff have always tried to promote their independence as much as possible, supporting patients to make their own decisions and acting as an advocate when this is required."

Information about local lay advocacy services was on display and we saw it was available to people when they first moved into the service. Lay advocates are people who are independent of a service and the local authority who support people to make and communicate their wishes. The registered manager told us how they had developed and maintained strong links with the local lay advocacy services who regularly visited the service and that support would be given to any of the people should they need it. People could also make direct contact with the service. The registered manager told us how two people were receiving advocacy support for opening a bank account and for arranging support to manage their finances together with their circle of support.

People told us their personal information was kept in an office area that was locked when not in use and that they could see their personal records, such as support plans, whenever they wanted to and were confident their records were kept private. Throughout our inspection visit we observed staff respected people's right to privacy and that their dignity was maintained. Staff knocked on people's doors and waited for an answer before they entered. They communicated discreetly when discussing personal issues with people when they were in communal areas and we saw that medical reviews were conducted privately together with people in their rooms. The registered manager also confirmed all staff handover and wider review meetings were held in private and only included those people who had needed to be involved in them.

Is the service responsive?

Our findings

People were encouraged to be involved in deciding what support they wanted and needed, and how that support was provided for them. People described to us how they had been involved in developing their support plans and told us that they signed their plans to show they had been involved. The plans we looked at set out clearly what support people wanted and needed in relation to all aspects of their life, including healthcare, emotional support and social activities.

People we spoke with and relatives told us they felt staff knew people very well. A relative described situations in which staff knew their family member well enough to identify early on when they might be getting distressed and took actions to help the person remain calm. We also saw this type of support during the inspection when one person showed some signs they may have been getting distressed. A staff member gently responded using calm and reassuring voice tones, gave clear explanations and offered alternative activities in order to help reduce one person's anxiety before it had a negative impact upon their day.

Records showed and the registered manager and staff we spoke with confirmed weekly meetings were held between the management team, staff team leaders, and the registered person's therapy team. The meetings were used to check the progress of each person's individual support programme so that any changes identified as needed could be discussed with the person in a planned and co-ordinated way. Care records showed that support plans were reviewed with people regularly so that the information remained current and people could see, consider and fully discuss the progress they were making. These reviews included anyone who was important in the person's life such as relatives or health and social care professionals. Relatives told us they felt fully involved and staff communicated with them about topics that were most important to their loved ones. One relative commented that, "They keep things clear so we all know what is happening. There is nothing more frustrating than one person telling you one thing and then something else happens. They work with us at the centre of things here."

People who lived in the service, and the relatives we spoke with, told us they felt comfortable to raise concerns if they were unhappy with any aspects of the support provided. Records demonstrated that where people or their relatives raised minor concerns, staff had resolved them quickly. The provider had a complaints policy in place which people said they could access. Records showed that no formal complaints had been received by the service in the past 12 months.

We saw the registered persons had produced a statement of purpose for the service. We saw the statement of purpose set out information about the aims of the service, the types of services provided and the contact details for the registered persons. The registered manager said the document was updated every year and showed us the latest version. The document included other information about the registered person's aims and objectives. It also described how they had a specifically tailored individual programme of activities which was updated on a weekly basis, catering for each person's identified needs.

We found people were able to enjoy an active and fulfilling lifestyle based on their choices and preferences. One person said, "I like it that I have a choice to be involved in some of the things here. I like the quieter

games and one to one time but I also like going out and they do that with us too." The registered manager told us that the emphasis was on identifying activities which promoted people's independence. This comment was supported by a healthcare professional who told us, "There is good evidence of people progressing to greater independence."

Records showed staff had supported people to develop individualised lifestyle plans and they took account of issues such as equality and the diversity of people's interests. The plans included support to give time to people to help develop their independence skills and time to develop their social life. For example, the registered manager told us how one person had been helped to maintain their individual interest in horses and that this had improved their confidence and motivation to keep working on and improving their mobility. This approach to supporting people meant that alongside improvements to their health people were able to develop wider social networks and take an active role in their local community.

We also saw the registered manager had introduced a diary system together with one person and their circle of support to ensure the communications they had between them could be maintained, were supportive and consistent. The diary was completed by the person and reviewed daily by staff. This approach promoted the use of a two-way communication tool so that staff could also inform and remind the person and family of any meetings, reviews, or appointments being considered and planned.

People also told us they enjoyed many and varied social activities. When commenting on these a healthcare professional said, "Above all, the atmosphere, whenever I have visited, has been warm and I have always seen people engaged in activities." The registered manager and people told us outings were planned through discussions with people and that during the last two months a range of trips out had been undertaken. These included local strawberry picking, bowling, Tea room, nature reserve and garden centre visits, day trips to the coast, history visits to the local cathedral and shopping trips.

Is the service well-led?

Our findings

People we spoke with told us they were asked for their views about how the service was run and the support they received as part of everyday life. They said they talked regularly with staff and felt that their views were listened to. A healthcare professional told us, "I have also always been able to speak with a manager or deputy whenever I visit or call the centre, suggesting they are visible and available."

Before we undertook our inspection visit we noted the registered persons had ensured the rating we had given for the service following our last inspection was displayed on their public website. During our inspection we also saw a copy of the report was available for people and visitors to access and read.

Relatives told us the registered manager and the deputy manager made sure they were kept up to date with important information and they were available whenever they needed to speak with them. Relatives also told us the provider maintained a clear role in promoting a high quality of support for people. When describing the registered manager and the deputy manager, relatives used phrases such as, "They are a great support to us" and "It is outstanding here and well organised and structured." Another relative described how the staff worked together well under the leadership of the registered person's saying, "Each and every one of the staff do their jobs consistently. Every staff member from the cook to the manager do their jobs. I am relaxed when I am here and they and we are part of the same family of care for [my family member]."

In addition to feedback we received from people and their relatives, a healthcare professional told us, "My experience has been that this service is open, transparent and flexible. It is well-led by an experienced and caring manager. In administrative terms, planning for review meetings is flexible and inclusive with a very helpful lead administrator."

We saw that people and their relatives also had the opportunity to express their views by completing regular satisfaction surveys. The results of the latest surveys carried out in 2017 showed high levels of satisfaction with the services provided. There were no actions required from the feedback which included positive comments ranging from the staff being, "Easy to approach and professional. That gives us confidence in our family members care plan" and "Excellent service and staff that show family member respect and provide comfort and personalised care."

The registered manager demonstrated a thorough understanding of their roles and responsibilities. They knew the type of notifications they were required by law to tell us about, including accidents and DoLS applications. Our records showed that the registered manager had submitted appropriate notifications to us in a timely manner. The registered manager told us how they had a system in place for reviewing any accidents or incidents to identify any learning for the future. This process involved keeping a record of any incidents so these could be reviewed and any changes to practice made to reduce the risk of them reoccurring.

The registered manager described how the incident reviews helped staff to develop their learning and

understanding and that staff had benefitted from acting on good practice guidance. For example, following a recent incident where one person had become distressed when engaging in a therapy programme, the registered manager made a decision to lead a reflective session on the incident with the care staff team. This was based on a nationally recognised model of reflective practice. The session was used to explore any options for doing things differently to better support the person. The outcome of the session was that staff recognised the root cause of the person's distress was their desire to be at home living back in the community with their whole family and that being away from them was having a negative effect on their overall recovery. Action was led by the registered manager who brought a planned review forward. This resulted in additional community therapy and support being provided within the person's own home. Whilst the actions were being taken the care placement was held open to ensure the person had a choice to return at any point if things became difficult at home. This approach to leadership and team working meant the person was fully engaged in the care recovery programme and the person achieved desired outcome with the person's family now having them back home so they could continue to be a family once more.

Furthermore the registered manager showed us how they had developed 'champion' roles within the care team so that individual staff members were able to be responsible for promoting learning and good practice in areas such as, service user involvement, health and safety, nutrition and hydration and medicines.

Staff we spoke with told us the registered manager was very supportive and fair in their approach to managing the service and the staff team. They told us they were encouraged to express their views and share ideas and felt their contributions were valued. They also said they were aware of the registered persons' whistleblowing policy and felt confident that the registered persons would take action if they raised any issues about poor practice.

Staff we spoke with also told us how the arrangements in place to ensure management support was available outside office hours were clear and that either the registered manager or the deputy manager were always contactable when they were not at the service. This meant that they had access to advice and guidance whenever they needed it. They also said that they had regular team meetings where they could discuss issues that impacted on people's support. Records of the meetings showed that topics such as staff work rotas, improving record keeping and the outcomes of quality assurance audits was discussed

The registered persons had a system of audits in place to ensure that the quality of the services provided was regularly checked. We saw the outcomes of audits carried by the registered manager and the registered person's governance manager in June and July 2017. This system helped to ensure the judgements made about the services provided were objective. Following our last inspection it was clear the audit processes had been updated so it was aligned to the five questions we ask when we undertake our comprehensive inspections. The registered manager told us that by doing this they and the registered persons were better able to identify that they were providing safe, effective, caring, responsive and well-led care.

In addition to the registered persons' quality checks, the registered manager carried out regular checks of areas such as the medicines arrangements, staff supervision and staff training to ensure this was being kept updated. We also saw that the registered manager used opportunities such as staff supervision or team meetings to address any issues they found and they told us this helped to promote good practice and a positive service culture based on teamwork.