

Hill Care Limited

# The Laurels and The Limes Care Home

## Inspection report

115 Manchester Road  
Broomhill  
Sheffield  
South Yorkshire  
S10 5DN

Tel: 01142660202  
Website: [www.hillcare.net](http://www.hillcare.net)

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Laurels and The Limes Care Home is a nursing and residential home. The service comprises of two neighbouring buildings. The Laurels predominantly supports people living with dementia. The Limes supports people who require nursing or residential care. At the time of this inspection the service was providing personal and nursing care to 67 older adults, some of whom were living with dementia. The service can support up to 88 people.

### People's experience of using this service and what we found

People received a good standard of care and we saw examples where people had experienced a better quality of life after moving to the home, made possible due to the dedication and skill of the staff team. People received care from a knowledgeable staff team who had access to a wide variety of training and support.

The service was safe. Risks to people's health and safety were assessed and mitigated. Medicines were managed in a safe and proper way. Staffing arrangements had improved so there was enough permanent staff available each day to provide people with stimulation, interaction and ensure they were safe. Incidents and accidents were logged and investigated and learnt from where appropriate.

The management team was supportive, responsive and promoted a culture of person-centred care at the service. The registered provider had an effective system of governance in place to monitor and improve the quality and safety of the service. The service used a number of methods to ensure people and relevant persons involved in their care had a voice, which was valued and listened to.

Throughout the inspection we saw very caring interactions between staff and people who used the service. Everyone involved in the service provided very positive feedback about the overall quality of the service. There was a person-centred culture with the management and staff team and all were highly involved in peoples' care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 11 May 2017). There was also an inspection on 13 June 2018 however, the report following that inspection was withdrawn as there was an issue with some of the information that we gathered.

#### Why we inspected

This is a planned re-inspection because of the issue highlighted above.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Laurels and The Limes Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team comprised of two inspectors and one expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

The Laurels and The Limes is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced on the first day. Day two of the inspection was announced.

#### What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also sought feedback from partner agencies who work with the service. The provider was

not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with six people who used the service about their experience of the care provided and 10 relatives. We spoke with 21 staff members, including the two registered managers, regional manager and one director. We spent time observing daily life at the home.

We reviewed a range of records, including medication administration records, care records, staff personnel files, training records as well as information relating to the health and safety and management and oversight of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

At the inspection on 22 March 2017 this key question was rated as requires improvement. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. Staff understood what adult safeguarding meant and what action to take if they became aware of an incident of abuse. All staff had confidence in their managers would act quickly and appropriately.
- People felt very safe living at The Laurels and The Limes. Relatives commented, "The place is clean, she feels safe and the staff are pretty good here" and "She is totally safe here. The staff are lovely with her. I would say affectionate towards her. I am very impressed with them."
- The service had a safeguarding policy and staff confirmed they had read them.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff and the management team had a very good understanding of each individual risk and how to support them safely.
- People had a range of risk assessments and care plans in place, which provided relevant guidance for staff to follow, such as how to support a person safely with their mobility. Risk assessments were reviewed regularly to ensure information was accurate and reflective of people's assessed needs.
- Staff completed a record each time they provided a person with support or when an aspect of their health needed to be monitored for safety reasons, such as a person's weight or skin integrity. Records were up to date and contained relevant information to facilitate effective monitoring of people's health and wellbeing.
- Accidents, incidents and untoward events were monitored both within the service and at provider level. The provider's system to analyse incidents and assess future risk at the home were effective.

Staffing and recruitment

- There were enough staff deployed to ensure people's support needs were met. Staffing levels were calculated according to people's individual needs and feedback from people and staff was considered as part of this process. Most people we spoke with said there was enough staff around to meet their needs in a timely manner.
- Staffing arrangements at The Limes had recently improved. The registered manager told us the number of on duty staff had increased and as all posts were now fully recruited to, they had not used agency staff in several months. All staff spoken with at The Limes commented positively on recent staffing changes. Comments included, "There are enough staff to meet people's needs and it doesn't feel like staff are rushing at all" and "We are fully staffed. It does get busy, but no one is left waiting for care."
- People living at The Laurels were supported by the same core group of staff, which meant they consistently received good continuity of care.
- Staff were recruited safely and all the appropriate checks were carried out to help protect people from the

employment of unsuitable staff.

#### Using medicines safely

- Through good integration of technology people's medicines were safely managed. The service had recently adopted an electronic medicine management system and processes such as recording administration or re-ordering of stock was all done through the system. All staff said the new system was a vast improvement over the last system; it was easier to use and record keeping issues were much less likely to occur.
- The system promoted good practice for medicines which were administered on a 'as required' basis. For example, if a person required pain relief, the system would prompt the administering staff member to follow the person's care plan and to record a reason why administration was required. At the next medicines round the staff member would receive a system prompt to check if this person's pain relief had worked, so escalation action could be considered at that time.
- All staff had completed training before they were able to administer medicines and received an annual review of their knowledge, skills and competence to administer medicines.

#### Preventing and controlling infection

- People were protected from the risks of infection and the home was clean and tidy.
- Staff had access to the appropriate cleaning materials and equipment.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the inspection on 22 March 2017 this key question was rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives said the staff provided effective care. Comments included, "I have no doubt the staff are competent and there are enough of them" and "The staff know how to help people with dementia in the right way and they make us feel very welcome when we visit."
- New staff received a robust induction which prepared them for their role. They completed a blended learning program of classroom-based training, e-learning and a period of shadowing with an experienced staff member before they began to work unsupervised. One new staff member said, "When I first started I was struggling and [registered manager] helped me with more training and shadowing experience."
- Staff felt confident speaking with their managers or peers for advice during planned meetings or informal discussion. Managers supported their workforce to develop their skills and responsibilities. One staff member said, "one hundred and ten percent I am happy in my role. Now I get free time to support carers and work on care plans. I also spend two days per week with [registered manager] to learn some of their duties. They are upskilling me for when the manager is not around. They are upskilling everyone actually."
- Existing staff were mostly up to date with current best practice through further training. Training records at The Limes showed staff training had significantly improved in recent months. Staff training commitments at The Laurels was consistently well-managed throughout the inspection period.

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

- The Laurels and The Limes Care Home comprised of two neighbouring buildings. Each building had been adapted to suit the needs of the people living there. People's views were routinely sought when making changes to the design and decoration of the service.
- The Laurels was the smaller of the two buildings and had a traditional aesthetic inside and out with many of the building's internal features still intact. This added character and a homely feel. The Laurels primarily supported people living with dementia and appropriate adaptations had been made to ensure the needs of these individuals were met, such as clear signage around the building to aid orientation.
- The Limes supported people over three floors. Corridors were wide, well-lit and people's bedrooms were clearly marked. We saw evidence of dementia friendly signage around the home. The registered manager at The Limes had recently refurbished communal areas in the home and explored ways to make under-utilised areas more appealing and accessible to people. For example, one lounge was in the process of being converted into a library. Another area had been converted into a drinks station which people and relatives were able to use. One staff member said, "It didn't look like a home before, like the walls did not look fresh and stuff. [Registered manager] has changed that. It is a home now, and it needs to feel like that for the residents."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked well with different health professionals and services to meet people's needs. We spoke to several visiting professionals during the inspection and they all gave very positive feedback about the service. One visiting professional said, "They always ring in appropriately when they need us. They tell us what they are doing and not the other way around. They are proactive, which is good."

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

- The service supported people to eat, drink and maintain a balanced diet. Although, meals were predominantly provided at set times during the day they also catered for people flexibly outside of these times to ensure people's needs were consistently met. We saw snack stations were situated in communal areas of the service, so people were able to help themselves to drinks, snacks or fruit between 'main meals'.
- Plans for eating and drinking were developed collaboratively with health professionals, people and their representatives. The kitchen team had systems in place to ensure people's eating and drinking preferences were known and respected. The cook said they completed weekly checks to ensure people's eating requirements remained accurate and commented the care team were very good at keeping the kitchen team updated.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure the service could provide appropriate care and support.
- Care planning was undertaken in line with best practice guidance and research.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Appropriate DoLS applications had been made where the service thought it was depriving people of their liberty. Where conditions were imposed, these were being met. Where people lacked capacity, we saw evidence best interest processes had been followed to help ensure people's rights were protected.
- Consent was consistently sought from people before they received a service. Where people were unable to consent, the service was working within the principles of the MCA and care was delivered in the least restrictive way possible. One relative said, "[Relative's name] has covert medication and it has all been sorted out with the home, the GP and me as her power of attorney."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection on 22 March 2017 this key question was rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw people and staff were comfortable and relaxed with each other. A relative commented, "Staff are very caring and they are like family to her. Like one big family. She is happy here and she has familiar faces looking after her." Another relative said, "The staff are friendly, and they have a laugh and a joke with her."
- In addition to the running of the service, the registered manager at The Limes remained involved in the delivery of people's care. This arrangement benefitted people and staff as they felt robustly supported by the registered manager as changes which required management approval, happened almost instantaneously.
- People, relatives and staff all thought the management team were very approachable and caring. One staff member commented about the registered manager at The Limes, "I've worked here for four years, [registered manager's name] is the best manager I've had personally. They've got time for everyone. I like that [registered manager's name] welcomes everyone into their office for a tea or chat about anything."
- The service complied with the Equality Act 2010 and ensured people were not treated unfairly because of any characteristics that are protected under the legislation, such as gender and race.

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

- People, their relatives and representative were involved in devising care plans to ensure these fully involved people in making decisions about their care.
- People's choices in relation to their daily routines were listened to and respected by staff.
- People and relatives were supported to give feedback about the service.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy. Through discussions with staff we were satisfied staff had the practical knowledge and skills of how to promote people's dignity and independence.
- Staff understood the need to respect people's confidentiality and not to discuss issues in public or disclose information to people who did not need to know. Any information that needed to be passed on about people was discussed in private.
- People's independence was promoted in creative ways. This included bespoke activities with each person to keep them mobile and active and a clear philosophy that people should be supported to maintain independence with regards to mobility and life skills. For example, with the support of staff one person regularly used the drinks station to prepare their own hot drinks. One relative commented, "Mum tries to manage to do things herself and they encourage her to do that."

# Is the service responsive?

## Our findings

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

At the inspection on 22 March 2017 this key question was rated as good. This meant people's needs were met through good organisation and delivery.

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

- People, relatives, staff and visiting health professionals all said the service provided good quality care and people consistently experienced positive outcomes as a result of living at The Laurels and Limes. For example, one visiting professional said as result of the support provided by The Limes their 'client' had regained some of their mobility and was now able to weight bear and transfer themselves using a frame.
- People's care needs were assessed, and clear and detailed plans of care put in place. People's likes, dislikes and what was important to the person were recorded in people's care plans. A visiting nurse told us, "When I go through my 'client's' care plans they are appropriate, updated and in use. I always ask staff questions about my client's care plan you know, to see if they know them. And they do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was very committed to reducing social isolation for people living at the home and members of the public within the local community. There was a regular and varied programme of indoor and outdoor activities to promote people's wellbeing and interaction. The provider had also developed strong links within the community. For example, the provider worked with a leading charity for older people to promote social inclusion within the local area. The charity referred people in the community to the home, so they could spend time with other like-minded individuals, socialise and engage with the many daily activities that took place at the home.
- The service and staff worked hard to provide people living with dementia meaningful activities which was tailored to their needs. Feedback from relatives confirmed the service was exceptionally skilled in this area. Comments included, "The staff know how to deal with her dementia and I know she is not distressed because there is a smile on her face. I've no sense that she is frightened at any time" and "She has got dementia and there is no other way to describe this place other than marvellous."
- People's life history, interests and preferences was used to ensure bespoke activities were available for each person. To help relatives and friends feel more connected with their family member's and what they got up to at the home; the service had a social media page which only family and friends could access and view pictures of recent events and activities at the home.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded and staff knew how to communicate with them and meet

their needs. This included the use of aids, and bespoke communication techniques. We saw these used to good effect during the inspection to provide comfort and reassurance to people.

#### Improving care quality in response to complaints or concerns

- The provider had systems in place to log, investigate and respond to complaints. Since we last inspected we saw the provider had followed their complaints procedure.
- Information on how to complain was clearly displayed in the home.

#### End of life care and support

- The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death.
- Staff received training in the provision of end of life care. They worked alongside community health professionals when providing care to people at the end of their lives, such as the GP and the palliative care nurses. A visiting district nurse told us in regard to end of life care, "I think they (The Laurels and The Limes Care Home) are meeting that need and it is personalised. Staff communicate if there is a deterioration to a person's health we need to be aware of. We visit the service every day, so we are confident they are managing people's need well."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the inspection on 22 March 2017 this key question was rated as requires improvement. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The Limes benefitted from a newly appointed registered manager who was experienced in running care services. Since their appointment we saw rapid and much needed improvement to staffing arrangements, staff support and refurbishment of the physical environment at The Limes. The registered manager was very focussed on raising the standard of care for people and creating a person-centred culture at the home. All staff spoken with said the registered manager was extremely supportive and motivated them to provide good care. One staff member said, "I was going to move jobs as it was stressful before, then [registered manager's name] came and he was inspiring. He persuaded me to stay."
- The Laurels benefitted from a strong and stable leader who had worked at the service for many years. They knew the people and staff well and the systems for monitoring the quality and safety of their service were well-established and effective. Feedback confirmed people living at The Laurels consistently received good care by a staff team who were well-supported.
- Although The Laurels and The Limes Care Home are two separate and distinct buildings, the two registered managers very much operated as a partnership to ensure they provided consistently good care across the entire service. They regularly communicated with each other and the senior management team to share resources or information on good practice.
- The provider had recently moved to a new governance framework to help registered managers improve their service. Checks were comprehensive and completed regularly by the management team to monitor the quality of the service. We saw clear evidence senior managers and registered managers were able to question practice through their audit systems. Actions arising from audits were either being progressed or completed.
- We were satisfied both registered managers at The Laurels and The Limes understood their requirements to notify CQC of all incidents of concern, including serious injuries, deaths and safeguarding alerts. Staff at all levels were clear about their roles and responsibilities.

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

- The provider's ethos, vision and values were person-centred. This ensured people were placed at the heart of the service and were the focus of everything the service worked to achieve.
- There was an open, honest, caring culture across the service. Staff felt highly motivated in their roles, though feedback confirmed this was not always the case at The Limes due to periods of low staff morale. Comments include, "[Registered manager's name] has increased morale, increased everything by one

hundred percent. It is a completely different place, the service really has direction" and "Staff morale was so low six months ago, you could feel the atmosphere before your shift had even started. It is nice for the residents to see staff be more positive now."

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

- People's feedback was sought through a variety of mechanisms, such as meetings, reviews, manager rounds and surveys. Surveys were sent out regularly to assess people's level of satisfaction with the service. During the inspection we received very positive comments about the service.
- Staff and management meetings were held providing opportunity for information sharing as well as enabling staff to share their views and ideas.

Working in partnership with others

- The service had made good links with the local community and key organisations to the benefit of people living in the home and to help with the development of the service. The provider employed a customer relations officer and one of their roles was to help the service get engaged with the community. We saw lots of positive examples where thoughtful engagement initiatives had increased the home's relevance in the community, much to the benefit of the people living there.
- The service worked closely with relevant health and social care professionals. This supported them to deliver effective care to people.