

# Aegis Residential Care Homes Limited

# The Laurels Care Home

## Inspection report

Canal Road  
Congleton  
Cheshire  
CW12 3AP

Tel: 01260278710  
Website: [www.pearlcare.co.uk](http://www.pearlcare.co.uk)

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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 Care Home is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 35 people in one adapted building. The home is situated over two floors.

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

Since the last inspection the provider had increased staffing levels and our observations confirmed care was delivered in a timely manner. Some people told us they felt there were sometimes not enough staff during the morning, and call bell response times were sometimes very long. Staffing levels were regularly reviewed and monitored to ensure staff were available in sufficient numbers to support people in a timely way.

Activity hours had been increased since the last inspection and were available most days. Some people told us they did not feel there was enough going on in the home to support their enjoyment. The registered manager told us activities were reviewed regularly and people's feedback sought before timetables were considered. During the inspection we saw activities taking place and people joining in.

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.

People were supported effectively with their healthcare needs. This was because staff continued to liaise with other healthcare professionals to meet people's needs. Support plans contained clear ways for staff to support people with their needs.

Staff received training and support to enable them to carry out their roles. Staff felt able to approach senior staff and the registered manager. Staff were aware of where to find policies and procedures when needed.

People received the support they needed to eat and drink and maintain a healthy and balanced diet. Staff knew people's dietary needs and people told us they enjoyed the food available to them. People could enjoy snacks throughout the day and were able to choose alternative meals if they did not like what was on the menu.

There was an effective staffing and management structure in place with a team of care workers, senior care workers, deputy manager and the registered manager. Staff spoke positively about the management and running of the home. Staff understood their role and had confidence in the manager. Staff told us they worked well together as a team, and there was good morale amongst them.

There were systems in place to monitor and improve the quality of the service. Audits were carried out and people's views were sought. Where shortfalls were highlighted the registered manager was using the

information to make changes and improve the service.

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 and update

The last rating for this service was requires improvement (published 22 August 2018) and the provider was in breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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 was carried out by one inspector and an 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 is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 a manager 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.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and four relatives about their experience of the care

provided. We spoke with seven members of staff including the registered manager, deputy manager, senior care workers, care workers, activities coordinator and the chef.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficient numbers of staff available at all times to support people safely and effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since the last inspection, the provider had increased staffing levels by one carer and an activity coordinator. During the inspection we saw staff responding to people's needs in a timely way. Staff were available in sufficient numbers throughout the day.
- We received some mixed feedback regarding staffing levels of a morning. People and relatives told us staffing levels were "generally safe". One person commented, "Staffing levels seem to be good," but another said. "There are not so many about in the mornings." The registered manager told us staffing levels were still being monitored to ensure people were safely supported.
- Call bell response times were being monitored to ensure people received care in a timely manner.
- Safe recruitment processes were in place. This ensured staff employed to work in the home were suitable.

### Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Detailed risk assessments were in place which included details of control measures for staff to follow to keep people safe.
- Regular health and safety checks took place. There were regular checks on equipment to ensure it was safe and fit for purpose.
- Accidents and incidents were recorded. This information was used to look for themes or patterns in the kinds of incidents occurring. This helped to identify any action necessary to prevent reoccurrence.

### Using medicines safely

- Medicines systems were organised, and people were receiving their medicines as required.
- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- Staff were trained and assessed as competent before they administered medicines.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the home. One person told us, "It's very safe here. We all know each other and we're quite friendly."
- Staff were clear on the potential signs of abuse and how to raise any concerns they might have.
- Records showed that any potential safeguarding allegations had been reported, recorded and investigated in a timely manner.

Preventing and controlling infection

- Systems were in place to prevent and control infection.
- Staff followed safe infection control practices.

Learning lessons when things go wrong

- There were systems being used to ensure the service learned lessons when things went wrong. These were used to improve safety and reduce risks to people staff and visitors.



# 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 last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and delivered as reflected in their care plan. Relatives gave positive feedback and felt their family members needs and choices were met.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessment, and people's needs regarding these were respected.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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.

- Consent to care and treatment was sought and recorded in line with the principles of the MCA. When people were unable to provide consent, the best interest process was followed appropriately.
- DoLS had been applied for when needed to justify any restrictions required to keep people safe from harm.

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

- The provider was in the process of redecorating the home. Improvements had been made to signage and general décor.
- Bathrooms were adapted to ensure they could be accessed by all.
- Equipment was in use to support people to move around the home independently.

Staff support: induction, training, skills and experience

- People were supported by a well-trained staff team who felt supported by the registered manager.
- Staff had the skills and knowledge to support people living in the home. Relatives felt staff were experienced in caring for their relation. One relative said, "The level of care seems to be good."
- New staff members completed a structured introduction to their role. This included completion of appropriate training.

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

- People's nutritional and hydration needs and how they were to be met were recorded in care plans. Where needed, this included information regarding any specific diets or requirements associated with individual needs.
- Most people told us they had a choice of food. One person told us the cook had worked with them to ensure foods they enjoyed were available. They told us "I'm very fussy about food and the cook is really good. [The cook] worked with me and we've come up with our own little menu. We've learned something from each other."
- People were encouraged to maintain a healthy diet. When it was appropriate, people were regularly weighed and, if necessary, referrals were made to the GP or dietician for advice.

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

- The registered manager worked with other health and social care professionals to help ensure people's healthcare needs were met. We saw evidence that appropriate referrals had been made, and staff followed guidance given.
- People living in the home and their relatives told us they felt supported when they were unwell.

# 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 last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they had choice and could make decisions about their support.
- Regular resident meetings and surveys were also completed. Records showed that people were asked their opinions and whether anything could be improved. We saw action was taken based on this feedback.
- People and their family members told us they felt confident to be able to raise any concerns they had with the management and that they would be dealt with.

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

- People and their relatives told us they were well looked after. Comments included, "They're [the staff] very good to me," "All the staff seem to be quite caring," and "The staff are caring and patient and have a good knowledge of the people here and insight into their preferences."
- During our observations we saw people were always treated with respect, kindness and compassion by staff. Each person was supported for comfort, posture and their range of movement to ensure their diverse needs were met and they had freedom to move around the home.
- Staff knew the people they were supporting well and used this knowledge to support people in line with their preferences.
- Staff were keen to ensure people's rights were upheld and that they were not discriminated against in any way. People's right to privacy and confidentiality was respected.

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their dignity and privacy. One person said, "They've never done anything that has made me uncomfortable."
- We observed people were encouraged to be independent and they were supported when making their own choices.
- Some people in the home were encouraged to help out with tasks in the home. We saw one person, who loved cleaning, was supported to brush the floor. We could see the enjoyment on this person's face, and we were told it had given them a sense of purpose.
- People looked at ease and comfortable in the presence of staff. Conversations we heard between people and staff were characterised by respect and warmth.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had an individualised plan of their care based on an assessment of their needs. Plans were reviewed regularly.
- Staff knew people very well and provided care and support which was person centred and took account of their needs and wishes.
- Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. Care information was recorded on an electronic device. Most staff we spoke with told us they found the electronic system much better than previous paper-based records. Staff told us care information was instantly updated, and any changes were highlighted on the device so as soon as a staff came on to shift they were aware of people's current needs.

End of life care and support

- The service was supporting one person on end of life care at the time of the inspection. We saw appropriate care plans and risk assessments were in place.
- The registered manager had formed a close relationship with local palliative care professionals who supported the service with their practice. There were also policies and best practice guidance available for staff.

Meeting people's communication needs; 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

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 care plans included information about their communication needs and supported staff to communicate with people in a way that aided their understanding.
- The service had a large word and pictorial communication board which displayed information for people including, activities, complaints, weather conditions, days of the week and food menu.
- A newsletter was made available monthly to inform people of information in the home. This included information regarding new starters, staff that had left and any upcoming events.
- We saw that people had developed friendships with others living at the service.
- Since the last inspection the provider had made activities hours available. This had improved the range of activities on offer for people and activities were available most days. However, we received mixed feedback

regarding activities. Some people felt there still wasn't enough going on to keep them entertained. The registered manager who told us activities were reviewed regularly and people's feedback sought when deciding timetables.

Improving care quality in response to complaints or concerns

- A complaints system was in place and displayed in the service. The complaints log contained both complaints from people using the service and relatives. We looked at complaints received in the last 12 months and found these had been responded to appropriately.
- We saw evidence the registered manager had improved care quality after complaints were received.
- A 'You Said, We Did' letter was compiled each month based on people's feedback from surveys, meetings or general suggestions. This ensured people were fully informed about actions that were taken.

# 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 last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. 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

At our last inspection we recommended the provider review and monitor more closely the staffing arrangements in the home to ensure there were a sufficient number of staff available at all times to support people safely and effectively. At this inspection we found the provider had made improvements.

- Since the last inspection the provider had increased staffing levels in the home. Staffing levels were monitored and reviewed in line with people's needs. Call bell audits recently implemented were being used to monitor staffing levels and response times even further.
- The registered manager had joined a forum with the local job centre and other care providers to explore options to improve recruitment in the home. The registered manager had also discussed recruitment and retention incentives with the provider to encourage uptake in care roles in the home.
- There was a registered manager in post who was aware of their role and responsibilities, including what events they needed to notify CQC about. They had submitted notifications in line with legal requirements and displayed the rating of the last inspection.

Continuous learning and improving care

- Robust audits were in place and were effective at identifying improvements within the home.
- The registered manager told us they attended management forums within the organisation to share best practice and legislation. They attended meetings with the provider, updated their knowledge and sought relevant guidance to ensure people received good outcomes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- During the inspection we saw examples of how the registered manager had responded to people and their relatives when something had gone wrong. We saw appropriate action had been taken in these instances.

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

- People's views and suggestions were considered and used to improve the service. Surveys had been completed by people and their relatives. The surveys asked specific questions about the standards of the service and the support people received. Where actions were needed, these had been followed up.

- Staff felt able to raise concerns and were listened to. Staff meetings occurred on a regular basis. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations. Additional meetings took place as part of the service's handover system which occurred at each shift change.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported, and this was evident during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture.
- The service was caring and committed to ensuring people had a high quality of life. Most people provided positive feedback about the quality of care they received.
- Everyone we spoke with told us the manager was approachable and staff enjoyed working at the home.

Working in partnership with others

- The registered manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way. For example, referrals to the falls clinic and physiotherapy to maintain people's mobility.