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# The Laurels Care Home with Nursing

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service caring? | **Good** |
| Is the service responsive? | **Good** |
| Is the service well-led? | **Good** |

# Summary of findings

## Overall summary

The inspection took place on 27 June 2017 and was unannounced. The home was previously inspected in April 2015. It was overall rated good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Laurels Care Home with Nursing' on our website at 'www.cqc.org.uk'.

The service had a registered manager who had been registered with the Care Quality Commission since January 2015. 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.

The Laurels Care Home with Nursing is registered to provide nursing care for up to 20 people. On the day of our inspection, there were 17 people living at the home.

We found improvements were needed to the systems in place for supporting people with 'as and when required' (PRN) medicines. The registered manager told us they would ensure PRN protocols were updated, and that the medications policy would be updated to include information on how to support people with PRN medicines. We also found improvements were needed to the system for the ordering, storing and disposing of medicines. We found stock levels did not always tally with amounts recorded. During our inspection, the registered manager acted swiftly to make improvements. This included a full stock check of medication and an audit of the system, with changes being made to assist staff in future.

Systems were in place to protect people from the risk of harm and staff were knowledgeable about how to keep people safe. Staff could explain safeguarding policies and procedures, and actions they would take if they suspected abuse. There were enough staff employed, and on shift to keep people safe and meet their needs. Pre-employment checks had been carried out on staff before they started working at the home.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. Care records we looked at contained risk assessments to identify risks associated with people's care and to help monitor and reduce these risks without placing undue restrictions on people.

Appropriate referrals were made to healthcare professionals when required and the home was proactive in identifying changing needs. A GP clinic held weekly at the home meant people's health conditions could be regularly monitored, which had resulted in a reduced number of admissions to hospitals.

Care and support records were personalised to people, and contained details of their life histories, preferences and favourite activities. The home enabled people to be involved in the local and wider

community, by supporting people to attend local events, taking trips away to the coast and inviting the public into the home for the summer fayre. People we spoke with told us they were excited for the summer fayre that weekend.

Staff were kind and caring, and people who lived at the home said they felt staff knew them well. People said they were able to bring their own possessions into the home to make it feel more homely and familiar.

There was a complaints policy in place, which informed people how to raise a concern. Complaints were encouraged, even after initial concerns had been addressed and resolved. People said they felt able and confident to complain and knew how to.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People using the service and their relatives had been asked for their feedback through questionnaires, the results of these had been audited to identify any areas for improvement and any actions were addressed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement**

The service was not always safe.

Stock levels of medicines did not always tally with amounts recorded. Protocols for supporting someone who was prescribed 'as and when required' (PRN) medicines were not always robust.

### Is the service effective?

**Good**

The service remains 'good'.

### Is the service caring?

**Good**

The service remains 'good'.

### Is the service responsive?

**Good**

The service remains 'good'.

### Is the service well-led?

**Good**

The service remains 'good'.

# The Laurels Care Home with Nursing

**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.

This inspection took place on 27 June 2017 and was unannounced. The inspection team consisted of three adult social care inspectors 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.

On the day of our inspection there were 17 people living at the home. We spoke with the registered provider, the registered manager, one nurse, two care workers and one domestic assistant. We also spoke with four people who used the service and two visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local authority quality assurance officer who also undertakes periodic visits to the home.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We looked at documents relating to people who used the service, staff and how the service was managed. We looked at four people's written records, including care plans and risk assessments. We looked at the medication management systems, including medication records and systems in place for the storage of medicines. We checked the quality assurance systems that were in place to see if they were robust and effective in identified areas for improvement.

Requires Improvement

# Is the service safe?

## Our findings

All the people we spoke with told us they felt safe at The Laurels Care Home with Nursing, and visitors we spoke with told us that people were safe. One comment, made by someone who lived at the home was; "I feel safe here, the staff are very good. Nothing is too much trouble."

Relatives, visiting their loved ones who lived at the home told us; "It's very good here. They have all the equipment my relative needs. There are two kinds of hoists, a chain on the patio door and a security code on the main entrance. It keeps people safe and makes the home secure" and "The staff here are excellent and there's always someone about. They're very friendly and answer and questions you might have."

People who lived at the home were protected from abuse by the provider, who had taken reasonable steps in identifying the possibility of abuse and preventing abuse from happening. Staff we spoke with were knowledgeable about protecting people from the risk of harm. They confirmed that they had completed safeguarding training and told us what action they would take to protect people. One care worker said, "I would report abuse to my manager and I am confident they would deal with it appropriately and take the right actions."

We looked at care records and found that risks associated with people's care and treatment had been identified. We saw risk assessments in place for things such as mobility and falls, nutrition and hydration, and pressure area care. For example, one person was at risk of falling from bed and had a plan in place to help reduce the risk occurring. This included the need for bed rails to be in situ and the nurse call system to be in easy reach. We saw that this assistance was given.

People had Personal Emergency Evacuations Plans in place (PEEP's). These contained information which assisted staff on how to move the person safely in an emergency situation.

People who lived at the home and their relatives told us they felt there were enough staff to meet people's needs, although there were times during busy periods, such as lunch time, where they had to wait as staff were busy. We checked staffing rotas for the home and found there were adequate staff on shift to meet people's needs. Staffing levels were assessed, based on the number of people currently living at the home and their dependency levels. We saw an extra staff member was put on shift during particularly busy periods to help with the smooth running of the home.

We looked at the staff personnel files of five staff, including a nurse. We saw that all pre-employment checks were carried out, including reference checks from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helped employers make safer recruitment decisions.

We looked at systems in place to manage people's medicines. We saw there was a system in place to order and dispose of medicines. However, we checked the balance of six people's medicines and found

discrepancies. For example, the amount of medicines in stock did not always tally with the recorded amount. We spoke with the nurse and the registered manager about this and they addressed the issue during our inspection. They completed a full stock check and audit of the system, and made changes to assist staff in the future.

The provider did not have a robust system in place to support people who were prescribed medicines on an 'as and when' required basis (PRN). Some care plans gave details of this type of medicine but lacked detail around when the medicine should be administered. The nurse on shift was able to explain to us the signs and symptoms that people displayed when PRN pain relief was needed. This meant the impact on people's wellbeing was reduced. The registered manager told us they would ensure this information was added to records for people, where required.
Medicines administered were signed for on the Medication Administration Record (MAR) but no result was recorded. Therefore, it was difficult to ascertain if the medicine had had an appropriate effect. We looked at the medication policy and found that there was no guidance on the administration of PRN medication. We spoke with the registered manager about this and they told us they would address this by ensuring the policy was reviewed and updated, and that people had a PRN protocol in place where required.

Medicines were stored in a locked room and, where appropriate, in a locked fridge for cool storage. We saw that temperatures of the room and fridge were taken and recorded on a daily basis and appropriate action was taken if the temperature fluctuated.

We saw that controlled drugs (CD's) were appropriately stored to limit access. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. A controlled drugs book was in place, which was used to record all controlled medication. This was double signed in line with current guidance. We checked controlled drugs belonging to three people and found the amounts to be correct in line with the records in the CD book.

Good

# Is the service effective?

## Our findings

People we spoke with who lived at the home told us they felt happy living there and confirmed they were supported to maintain a well-balanced diet, which included food and drink that they liked. People also said they had their choices and preferences respected and met by staff. One person who lived at the home told us; "I enjoy the food very much – too much sometimes."

Visiting relatives were complimentary about the home. One visitor told us; "Staff always offer alternatives and my relative gets plenty of fluids." Other comments made by visitors included; "It's nice when you come through the door, it never changes" and "The atmosphere is relaxed and decent. Staff get on, it's nice and clean and there is no bad smell." One visitor told us the home was good in making referrals to healthcare professionals. They told us; "There is no friction amongst staff. I come here three to four times per week. If someone is ill, the staff are on it. They get the doctor and make sure they get the prescriptions from the chemist. One time, the matron stayed until my relative's medicines arrived."

Staff personnel records we looked at demonstrated that staff were provided with regular training updates, supervisions and an annual appraisal. Staff had completed an induction at the beginning of their employment, which included shadowing existing members of staff before being allowed to work alone. Staff we spoke with told us they received appropriate training to help them carry out their role, including training in specialist areas, such as diabetes. Our observations throughout the day demonstrated to us that staff were knowledgeable and well supported by senior members of the team. One care worker said, "The training is good and we are learning all the time."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). In care records we looked at, we saw that mental capacity assessments had been carried out and DoLS applications made, where required. Where people who lived at the home had one, a person with Lasting Power of Attorney (LPA) was involved in decisions about their care. An LPA is a document that allows a person to be appointed to make decisions on another's behalf, when they are unable to do so for themselves. We saw a consent form had been signed by a person who had a DoLS authorisation in place, and who lacked capacity to make the decision. We spoke with the registered manager, who told us they would address this and take appropriate action to ensure the documents were signed by the relevant person.

Our observations during lunchtime demonstrated to us that there was a relaxed and calm atmosphere. Several people needed support to eat their meals in their bedrooms, and we saw that staff ensured this support was given in a kind and caring way. People were not rushed to finish their meals and staff spoke with people as they were assisting them. People had their dietary requirements met and were involved in decisions about what they had to eat. We saw in the dining area that people were able to chat and eat at their own pace, with staff on hand to provide assistance as required. Food served was hot and a choice of drink was offered to each person.

We saw from care records that people were supported to maintain good health, and have access to healthcare services that they required. There was a weekly GP clinic held at the home, where the local GP visited the home to speak with people about their conditions and ailments. This had proven to be successful in reducing the number of hospital admissions from the home due to declining health. Where needed, referrals to other professionals including dieticians and district nurses were made quickly, to ensure people's needs were addressed appropriately and in a timely manner.

Good

# Is the service caring?

## Our findings

People who lived at the home told us they felt the care and support they received was empowering, supportive and individual to their own personal needs. Comments made by people included; "Staff treat me very well" and "I really enjoy living here. It's the next best thing after my own home."

Visiting relatives said they felt their loved ones were cared for in a loving and compassionate way. Comments made by visitors included; "Staff are polite and helpful, nothing is too much trouble and they can't do enough for you", "The staff are marvellous, every single one of them from top to bottom" and "The staff are welcoming and friendly."

Staff we spoke with could explain how they would maintain people's privacy and dignity. One staff member said; "I always knock on the bedroom door before entering and introduce myself. I then explain what I am doing and try to put the person at ease. I look after people as I would want my parents looking after and build up a relationship with their families." Another staff member said; "It's all about making a happy and caring place for people to live."

Through our observations during the day, we saw that staff were kind and compassionate with people who lived at the home. When entering rooms, staff would address people and ask if they were ok. People who lived at the home were smiling and appeared happy when in the company of staff. The staff we spoke with were able to tell us about the people living at the home, their life histories, preferences, likes and dislikes. This demonstrated that staff knew the people they were supporting well, and were able to provide care and support in a personalised way.

Care plans we looked at contained a personal history. This included information regarding people's previous family life, jobs and hobbies that they were interested in. This gave staff some information about people so they could build up a stronger relationship with them.

People were given choice about how and where they spent their time. There were activities on at the home, which were provided by either activities co-ordinators or volunteers at the home. Staff told us about a dementia singing group that took place in the local area that some people had attended the day before our inspection. There was a coffee morning taking place during our inspection and we saw people who lived at the home were supported to take part in gentle exercise. People we spoke with told us they felt listened to and respected.

We looked in people's bedrooms and saw they were personalised with items from home. These items included photographs of loved ones, ornaments and personal trinkets. This ensured people felt comfortable in their rooms, in a homely and recognisable place.

We saw that people had their privacy and dignity respected. People we spoke with told us they were covered when any personal care was provided, and curtains and doors were closed to maintain their privacy. One visiting relative spoke of times when their loved one needed personal care. They said; "Staff take them out of

view, bring them back to their room and close the curtains when seeing to them." We observed throughout the day that staff would knock on people's bedroom doors before entering to maintain people's privacy and dignity.

People who lived at the home were encouraged to be as independent as they could be. We spoke with one visiting relative who told us that their loved one had trouble with their legs, but that staff had encouraged them to walk to maintain as much independence as possible. Another person told us about their relative who moved into the home not being able to walk very well. The home obtained a walking frame for the person and encouraged them to use it. The relative told us that, because of the actions of the home, their loved one now mobilised well, with the use of the equipment.

Good

# Is the service responsive?

## Our findings

People who lived at the home told us staff knew them well and responded to their needs. They said staff responded to their preferences and their changing needs, and that staff supported them in a way they wished. One person said; "I choose what activities I want to be involved in, what I have to eat and drink and how I spend my time." Another person told us; "There was a trip to Cleethorpes last weekend, which was nice."

Relatives visiting told us that the care and support their loved ones received was personalised to their wishes and in line with their care needs. One visitor told us; "They have got my relative's diabetes under control and they've even managed to lose a bit of weight." Another visitor we spoke with told us about activities at the home. They said; "There is all sorts to do. There is a choir, they go on trips to the seaside, there's a coffee morning, bingo, dominoes, crafts. There's plenty of choice."

We looked at care records belonging to two people who used the service. We found they were clear and reflected people's current needs and preferences. For example, one person had a care plan in place to support the person to communicate. The person had limited speech due to a medical condition. The care plan stated that staff should speak clearly and concise and give the person time to process the information and respond. Another person had difficulty swallowing and had a care plan in place which included a textured diet. People had been involved in the development of support plans and were involved in any reviews or discussions, along with other relevant people including healthcare professionals and relatives. We spoke with staff who knew people well and could explain the care and support they required. This was in line with their individual care plans.

Care records and risk assessments had been reviewed on a regular basis to ensure they still remained relevant, and to update information present. Daily notes kept in people's files were clear and concise, providing information about the person's day, their mood and any changes in their health and wellbeing.

There were a range of activities available both inside the home and within the local and wider community. There were details in people's care records about their wishes, and information about what people liked to do. Activities taking place during the week that the inspection took place included a coffee morning, dominoes, singing, bingo, crafts, flower arranging, reminiscence and a summer fayre at the weekend. There were times when religious clergy came to the home to support people with their religious needs, such as a Catholic priest and a Methodist minister. The registered manager told us that they knew how to access other services for if people had different religious beliefs and needs.

The complaints procedure was clear and contained all relevant information for people about how to complain. People we spoke with were aware of the complaints policy, but told us they felt no need to raise a formal complaint. People who lived at the home and their relatives said they were able to raise any concerns or complaints with the registered manager. One visitor told us they had raised a concern about their loved one. They said that, after speaking with the registered manager, her concern was dealt with and the situation improved. There had been no recent formal complaints raised. The complaints and concern book,

which was used when a formal complaint was not raised, contained details of concerns people had raised with the registered manager. We saw these concerns had been addressed and responded to. People who had raised the concern were then asked if they were happy with the outcome, and if they would like to raise a formal complaint. These concerns were audited on a monthly basis to identify any trends. This demonstrated there were systems in place to listen to and learn from people's experiences, concerns or complaints.

Good

# Is the service well-led?

## Our findings

People who lived at the home told us they felt able to speak with the registered provider and the registered manager, and that they were both approachable and friendly. One person said; "I know [the registered provider] and would have no qualms about raising any issues. He's a very nice man."

People visiting their loved ones at the home said they felt the home was managed well by an approachable registered provider and considerate registered manager. One visitor told us; "It's a nice place. Marvellous staff, warm and comfortable atmosphere, clean, well-managed and, most importantly, people are well looked after" and another visitor said; "It's lovely and clean, the food is excellent, staff are friendly and they all listen if you have any concerns, which are acted upon and they keep the family informed."

At the time of our inspection, the service had a registered manager who had been registered with the Care Quality Commission since January 2011. 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.

The registered manager interacted well, and in a positive way with people who lived at the home and staff. The registered provider was present throughout the day of our inspection, walking around the home and speaking with people. Everyone knew who the registered manager and registered provider was, and people were able to tell us their names. Staff we spoke with said they felt part of a strong, supportive team.

There were effective auditing systems in place at the home that monitored and improved the quality of service provided. There were daily, weekly and monthly audits carried out in different areas of the home, including infection control, communal areas and accidents and incidents. Care records were reviewed on a monthly basis, or before if the person's needs had changed. Any actions identified were recorded and addressed, and signed off when complete. This helped to ensure the service maintained good quality.

Questionnaires were sent out to people who lived at the home, their relatives and other healthcare professionals on a regular basis. The results of these questionnaires were analysed by the registered manager to identify any actions required. Resident and relative meetings took place twice per year. These meetings were well attended. Actions were recorded on an action plan and signed off when completed. A quarterly newsletter was sent out to people who lived at the home and their relatives. This newsletter contained information about recent events and upcoming events, such as lunch out at a local pub. This demonstrated the home provided information to people and acted on suggestions to ensure high quality care was provided.

There were regular staff meetings that took place, where agenda items included staff hours, medications, contract monitoring visits by the local authority, documentation, handover and the environment. Where actions were identified from these meetings, action plans were developed, addressed and signed off when complete.