CCA & Mrs C Bolland

Laurel Mount

Inspection report

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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
Laurel Mount is a nursing home providing personal and nursing care to 18 people aged 65 and over at the time of the inspection. The service can support up to 34 people in one adapted building.

People's experience of using this service and what we found
People and relatives said that high quality care was provided that met people's individual needs. They said the staff and manager were friendly and approachable.

People were safe living at Laurel Mount. Risks to people's health were assessed and well understood by staff. Medicines were managed safely. There were enough staff deployed to ensure people received prompt care and support. Staff were recruited safely to help ensure they were of suitable character to work with vulnerable people.

People received effective care. Staff turnover was very low with many staff working at the service for a number of years. This helped staff build up knowledge of the people they were supporting. Staff said they felt well supported by the registered manager. People received an appropriate diet and had sufficient choice at mealtimes. Staff received training although more structure was required to ensure staff received regular training updates.

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 received care from kind and compassionate staff who were committed to ensuring people were content and comfortable living in the home. People were listened to and their choices respected. Peoples' independence was promoted where possible.

People received high-quality person-centred care. People's individual choices and preferences were taken into account during care planning. People had access to a range of activities provided by the activities co-ordinator. The registered manager listened to any concerns and complaints, investigated then and responded fairly and proportionally.

The service was well led. People, relatives and staff praised the overall quality of care provided. The registered manager had good oversight of the service and there was a positive and inclusive atmosphere within the home. A range of audits and checks were undertaken by the service although more input was required at provider level.

We made two recommendations to further improve the quality of care. These related to ensuring a more structured training programme was available to staff and ensuring provider level quality checks were

undertaken.

Rating at last inspection
The last rating for this service was Good (Published 23 May 2017)

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.

Laurel Mount

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
Laurel Mount 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 the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 nine people who used the service and seven relatives about their experience of the care

provided. We spoke with three care workers as well as the registered manager and the cook.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two 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.

After the inspection
We continued to seek clarification from the registered manager to validate evidence found.
We obtained feedback from three professionals who regularly visit the service.

Good

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 Good. At this inspection this key question has now remained the same. 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 abuse and avoidable harm. Everyone told us they felt safe living in the home and said they were treated well by staff. One person said "I have nothing to worry about. I leave myself in their hands and they are good hands."
• Staff said they were confident people were safe from abuse and they had not witnessed anything of concern. They knew about safeguarding procedures which gave us confidence they were followed. Staff said the manager was approachable and would listen to any concerns they had.
• There had been a low number of safeguarding incidents within the home. Those that had occurred had been managed appropriately with action taken to protect people from harm.

Assessing risk, safety monitoring and management
• Overall, risks to people's health and safety were appropriately assessed and mitigated. People said staff cared for them in a safe and proper way. Risk assessment documents were in place which demonstrated the service assessed risks associated with people's care and support. We identified one person did not have a proper bed rail assessment in place, action was taken to address this immediately after the inspection. The service liaised with professionals to help reduce risks to people for example tissue viability nurses regarding skin integrity concerns.
• Staff and the management team knew people well and the risks they were exposed to. This enabled risk to be monitored in an effective way within the home.
• Overall, the premises was appropriately managed and maintained. Checks were undertaken to the fire, electrical and gas system. Equipment was well maintained. Personal evacuation plans were in place for each person and staff knew the fire evacuation procedure for the premises. Better records were needed to demonstrate staff training in fire safety procedures, the registered manager took immediate action to address this.

Staffing and recruitment
•There were enough staff in the home to ensure prompt and safe care. People and staff all said that there were enough staff and that people did not have to wait for assistance. Staffing levels were carefully considered by the registered manager and based on the needs of the people who used the service. We observed there were plenty of staff on duty, who responded to people's care needs as well as social and emotional needs in a prompt and effective manner.
• Robust recruitment procedures were in place to ensure staff who worked at the service were of suitable character. The registered manager was very keen to ensure any new staff upheld the person-centred values of the home.

Using medicines safely

•Medicines were managed in a safe and proper way. Medicines were administered by nursing staff who had received training in the safe administration of medicines and had their competency to give medicines regularly assessed. The medicine system was well organised with medicines stored safely and securely. Medicine administration records were in place and were well completed demonstrating people had received their medicines as prescribed.

• Checks and audits of the medicine system were completed to ensure it continued to operate to a high standard.

Preventing and controlling infection

• Overall the home was clean and tidy. The registered manager was in the process of completing an infection control audit of the home. Previous audits from the local authority had demonstrated the home was meeting the required standards. The service had also achieved a 5-star food hygiene rating, demonstrating that food was prepared and stored hygienically.

Learning lessons when things go wrong

• Incidents and accidents were logged, investigated and action taken to help prevent them from re-occurring. For example following falls, risk assessments were reviewed and safety equipment such as pressure sensors put in place to reduce the risk and impact of falls.

• The registered manager was keen to ensure continuous improvement of the service and where poor care practices had been identified had taken action to prevent them from re-occurring. This included additional training for staff. We saw there was a clear culture of learning from adverse events, incidents or from feedback from health professionals.

Good

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 now 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 and their relatives all said that the service provided high quality care that met people's individual needs. The registered manager conducted a thorough pre-assessment process prior to people moving in and was very careful in ensuring they could meet the needs of any person prior to accepting them into the home.
• A range of care plans and risk assessments were in place based on best practice and current guidance. For example, the service had undertaken a piece of work to ensure robust oral health assessments and care plans were in place. Work had been done to comply with other legalisation such as the General Data Protection Regulation (GDPR).

Staff support: induction, training, skills and experience
•Without exception people and relatives praised the skills and experience of staff. There was an extremely low turnover of staff without the home with all care and nursing staff having worked at the home for over 18 months and many for much longer. They had built up an in-depth knowledge of the people they cared for and how the home operated. Staff demonstrated an in-depth good knowledge of the topics and people we asked them about.
• Staff told us they felt well supported by the registered manager. They received supervision and support on an informal basis whenever they needed it.
• Staff received training, however some of this now needed updating. We spoke with the registered manager who demonstrated a plan was in place to address this. New staff received an induction to the service although there the Care Certificate was not currently provided.

We recommend the service develops a more structured staff training programme and enrols any future new staff without previous care experience on the Care Certificate.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to eat and drink enough and to maintain a balanced diet. People praised the food on offer and said it was tasty and there was sufficient variety. One person said "the food is fantastic." Food was home cooked on the premises with the main meal served at lunchtime. There was sufficient variety from day to day and alternatives could be made if required. Fresh baking was done daily.
• People's nutritional needs were assessed by the service and they were weighed regularly. Adjustments were made for people when required. For example, diabetic desserts were made. There were no concerning trends with most people maintaining a stable weight. Where weight loss was observed measures were put

in place to help them to put weight on.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People and relatives said the service managed healthcare needs well and reported good access to healthcare professionals. The service assessed people's healthcare needs and information was available within care plans to guide staff. The service worked with a range of health professionals such as GP's, district nurses and tissue viability nurses. We saw their advice was recorded to assist staff.
• We identified some inconsistencies in records over the consistency of food required for one person and thought the person would benefit from a speech and language therapy assessment referral to obtain specialist advice. A referral was immediately made by the registered manager.
• The service worked with people to determine their future wishes and to reduce hospital admissions where possible. This included obtaining specialist advice via Gold Line a local service to assist with end of life care. The red bag pathway system was in place. This helped ensure key information was sent to the hospital to help ensure people were supported correctly should they be admitted to hospital.

Adapting service, design, decoration to meet people's needs
• The building was appropriately adapted to meet the needs of people who used the service. There were several communal areas where people could spend time with others and areas they could have privacy with visitors. The service had worked hard to adapt the building to support a couple, and they now had their own private lounge as well as a double bedroom. This demonstrated a person-centred approach to adapting the building to people's specific needs.
• Bedrooms were personalised with people's personal possessions and the service had a homely feel although in some area's décor was a little tired.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

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.

• The service was acting within the legal framework of the MCA and DoLS. People's consent was sought prior to care and treatment being delivered. Where people lacked capacity, we saw evidence that best interest processes had been followed involving the person or their relatives.
• Staff had a good awareness of the Mental Capacity Act and involved people in decision making as much as possible even where they lacked capacity. We saw staff regularly involving people in day to day decisions exercising patience and understanding.

Good

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 has now remained the same. 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
• People were well treated and supported. Without exception people and staff said staff treated people with kindness and compassion. A relative said "staff know people as individuals, they are very kind." A person said "They [Staff] will do anything I want. There is nothing lacking." We observed care and support and saw staff consistently interacted positively with people. This included using patience and understanding to calm any distress.
• People received care from familiar faces, due to the very low turnover of staff. People knew the names of the staff who supported them and had developed good, caring relationships. Staff took the time to sit with people, we observed laugher and conversation and a positive and inclusive atmosphere within the home.
• Through talking to people, staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality. Information on people's diverse needs was gathered as part of the pre-assessment process. Staff were aware of any specific needs and we were given examples of how staff worked sensitively to ensure they were respectful of people's culture and beliefs.

Supporting people to express their views and be involved in making decisions about their care
•People and relatives said they felt very involved in decisions relating to their care. Much of this was done on an informal basis with the registered manager being very visible and interacting with people and their relatives daily.
• Communication logs showed the service liaised with people's families on a regular basis. Care plans had been developed in conjunction with people and their relatives although evidence of their ongoing involvement needed documenting in a clearer way.

Respecting and promoting people's privacy, dignity and independence Staff are respectful. I have nothing I can say that is bad about this place or the people; they all do their best."
•We observed staff respected people's right to privacy and dignity. This included ensuring privacy where people had relationships, closing doors during personal care and knocking before asking permission to enter rooms.
• Care plans focused on ensuring people could retain as much independence as possible. For example, one person applied their own topical creams and people were assessed as to their ability to self-administer their medicines.

Good

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 now 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 received high quality and person-centred care. People and relatives all told us that care was personalised and met their individual needs. One person said "The standard [of care] is very good." A relative said "The care is fantastic. I go away for long periods and I know [relative] is treated like family."

• People's individual needs were assessed on admission which resulted in the production of care plans for staff to follow. These were mostly appropriate and person-centred, although some required tidying up to make information easier to access. Care records demonstrated people's individual likes, dislikes and preferences had been sought as well as information on their backgrounds to aid in the delivery of person-centred care. We saw care plans being followed. This included people receiving the required pressure relief and air mattresses being on the correct setting.

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.

•The registered manager was aware of the standard and we saw it was being met. People's communication needs were assessed as part of care planning. The service took action to help ensure people could communicate effectively, this included ensuring eye tests took place and people were wearing any aids. The registered manager told us documentation could be made available in different formats including large print if required.

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 service helped people develop and maintain relationships and take part in activities. An activities co-ordinator was employed who worked at the home four days a week. They undertook a range of activities within the home and also took people out into the community. This was supplemented by external entertainers including singers. Staff spent quality time with people talking to them and meeting their social needs. People were supported to maintain their spirituality and attend religious services where appropriate.

Improving care quality in response to complaints or concerns

• The service managed complaints appropriately and learnt from adverse events. A low number of complaints had been received about the home and people were very satisfied with the care and support

provided. Relatives said where they had raised minor issues these had been received positively by the registered manager and action taken to prevent them reoccurring. One person said "Yes, I'm comfortable raising issues but I have had no complaints."
• Complaints records demonstrated action was taken to investigate and learn from complaints. Where the home had been found to have been at fault apologies were issued to people and relatives. A 'grumbles' log was also in place which demonstrated low level concerns were recorded and responded to.
• A significant number of compliments had been received about the service showing that the service had regularly exceeded the expectations of people and relatives. One read "I cannot let it pass without saying a big thank you to entire staff for the care and affection you have given to [relative]."

End of life care and support
• The service provided appropriate and compassionate end of life care. People's end of life needs were assessed on admission and information recorded to aid the service provide good quality support. The service provided support to people and their families before and after deaths. This included attending and in one case arranging a funeral. Arrangements were made to ensure people were not left alone at the end of their lives and staff had a good understanding of how to provide compassionate end of life care.

Good

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 Good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• People and relatives all spoke positively about the overall care experience provided by the home. They all said they were highly satisfied and would recommend the home to others. We found the service provided high-quality person-centred care that met individual needs.
• The registered manager was very 'hands on', having good oversight of the service and promoting a caring and person-centred culture. A relative said "[Manager] is very approachable. She solves problems." Staff adhered to good, caring values and treated people with a high level of dignity and respect.

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
• The registered manager was open and honest with us about the service and its limitations. They responded positively to the minor areas of improvement that we suggested, and we had confidence they would be addressed. When things went wrong in the home, the registered manager apologised to anyone affected and took steps to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
•The registered manager ensured notifiable incidents were consistently reported to CQC so we could monitor events and incidents within the service.
• The registered manager had good oversight of the service being very involved in care delivery, understanding the residents, staff and how things operated. This gave us assurances that quality was closely monitored. A range of audits and checks were also undertaken by the registered manager. This included audits medicines records and infection control and the environment. Whilst the provider regularly visited the home, there were no audits or checks undertaken at provider level to monitor and challenge the registered manager's practices to help drive continuous improvement and/or come up with new creative ideas and initiatives.

We recommend provider level quality checks are put in place to make the quality assurance system more robust.

• The manager closely monitored performance against CQC standards. They maintained a file of good practice to help them track positive initiatives and new systems they had put in place and the impact this

had on people who used the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
•People and relatives said they felt involved in home life and were able to speak with the registered manager on a daily basis. People views were taken into account individually and through periodic surveys of care. We reviewed the results of the last survey which were positive.

Working in partnership with others
•The registered manager and provider attended forums and events run by the local authority and the local NHS to keep up-to-date with the latest best practice. They worked effectively with local healthcare organisations to co-ordinate people's care.
• The registered manager had developed links with local safeguarding teams and GDPR professionals to help maintain high standards. The service had received a cash award from the local authority for submitting monthly quality information in a consistent manner over the course of the several years.