

Victorguard Care plc

# Laurel Bank Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Good</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

Laurel Bank Care Home offers care and support to people with a variety of care needs and has a residential unit and a dedicated unit for people living with dementia, called the Elizabeth Unit. The accommodation is set over three floors, with a lift and outside space. The Elizabeth Unit is based on the third floor of the service. On the day of our inspection there were 46 people living at the service.

Laurel Bank Care Home 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.

Our last inspection took place on 10 and 11 July 2017 and at that time we found the service was not meeting five of the regulations we looked at. These related to safe care and treatment, person centred care, meeting nutrition and hydration needs, staffing and good governance. The service was rated 'Inadequate' and was placed in special measures.

Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. This inspection was therefore carried out to see if any improvements had been made since the last inspection and whether or not the service should be taken out of 'Special measures.'

During this inspection the service demonstrated to us that improvements had been made and is no longer rated as inadequate overall or in any of the five key questions. Therefore, this service is now out of Special Measures. However, while we concluded improvements had been made they needed to be fully embedded and sustained to make sure people consistently received safe, effective and responsive care and treatment. This is reflected in the overall rating for the service which is now 'Requires Improvement.'

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff told us they had regular safeguarding training, and they were confident they knew how to recognise and report potential abuse.

The care plans in place provided staff with information about people's needs and preferences contained individual risk assessments which identified specific risks to people's health and general well-being, such as falls, mobility, nutrition and skin integrity. However, some care records we looked at required updating.

There were enough staff on duty to meet people's needs and staff had undertaken training relevant to their

roles. Staff told us there were now clear lines of communication and accountability within the home and they were kept informed of any changes in policies and procedures or anything that might affect people's care and treatment.

Improvements had been made to the way people's dietary needs were catered for and people's mealtimes experience. People told us they generally enjoyed the food and we saw a wide range of food and drinks were available and people's weight was monitored to ensure they had sufficient to eat and drink.

Private accommodation and communal areas of the home were well maintained and provided people with a pleasant, comfortable and safe environment.

The home was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS) and acting within the legal framework of the Mental Capacity Act 2005 (MCA). This helped to make sure people's rights were protected.

We saw the complaints policy had been made available to everyone who used the service. The policy detailed the arrangements for raising complaints, responding to complaints and the expected timescales within which a response would be received.

We saw arrangements were in place that made sure people's health needs were met. For example, people had access to the full range of NHS services. Systems were in place to ensure people received their medicines safely and as prescribed.

There was a quality assurance monitoring system in place that was designed to continually monitor and identified shortfalls in service provision. Audit results were analysed for themes and trends and there was evidence that learning from incidents took place and appropriate changes were made to procedures or work practices if required. However, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.

## 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

There were processes in place to ensure people were protected from the risk of abuse and staff were aware of safeguarding procedures.

We found there were sufficient numbers of staff on duty and staffing levels were kept under review.

People received their medicines safely and as prescribed as prescribed.

Risks to individuals were identified and managed appropriately.

### Is the service effective?

Good 

The service was effective.

People were supported by staff that received appropriate training and supervision.

People's right were protected because the service was working within the principles of the Mental capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were referred to relevant healthcare professionals if appropriate and staff followed their advice and guidance.

### Is the service caring?

Good 

The service was caring.

People told us staff were kind and caring. Relatives said they were happy with the care and support provided.

People's privacy and dignity was respected and the atmosphere within the home was caring, warm and friendly.

People were supported to maintain relationships with their family and friends.

### Is the service responsive?

The service was not consistently responsive.

Care plans were in place to ensure staff provided care and support in line with people's preferences. However, some care records we looked at required updating.

There was a range of activities for people to participate in, including activities and events in the home and in the local community. However, some people felt there should be more planned activities.

People felt confident they could raise concerns and complaints with the registered manager and said these would be listened to and dealt with promptly.

**Requires Improvement** 

### Is the service well-led?

The service was well led.

The service was well-led overall but systems to ensure this were still not fully embedded.

There was a registered manager in post who provided leadership and direction to the staff team.

Wherever possible both people who lived at the home and staff were consulted about all aspects of service delivery.

The provider had implemented new quality assurance systems to check the quality and safety of the service. However, it was too early for the provider to be able demonstrate that the new processes were fully embedded and could be sustained over time.

**Requires Improvement** 

# Laurel Bank Care Home

## 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 checked whether the provider is 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.

The first day of inspection took place on 15 March 2018 and was unannounced. The inspection team consisted 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. On this occasion the areas of expertise included services for elderly people and people living with dementia. The second day of inspection took place on 29 March 2018 and was unannounced. On this occasion the inspection was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make". We also looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we spoke with the following management and staff, the provider, the registered manager, the deputy manager, ten care staff including team leaders and senior care assistants, the activity co-ordinator, the catering manager, housekeeping and catering staff. We also spoke with eleven people who used the service and seven relatives.

In addition, as part of the inspection process we spoke with three healthcare professionals who visited the service on a regular basis.

Throughout the inspection we observed care practice, the administration of medicines as well as general interactions between the people and staff. We looked at documentation, including six people's care and support plans, their health records, risk assessments and daily notes. We also looked at six recruitment files and records relating to the management of the service. They included audits such as medicine

administration and maintenance of the environment, staff rotas, training records and policies and procedures.

# Is the service safe?

## Our findings

The people we spoke with and their relatives told us they felt people were safe living at the home and said all the staff were kind and caring. One person said, "I like living here and yes I feel very safe." Another person said, "I feel very safe living here, the staff look after you very well."

We spoke with staff about their understanding of safeguarding and what they would do if they thought people who lived at the home were at risk. All of them told us they would not hesitate to report any concerns to the registered manager or deputy manager. They also told us if management did not take action they would go to the Bradford safeguarding team or to the Commission [CQC]. We saw the registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

When we inspected the service in July 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because we found there were not always sufficient numbers of staff on duty to meet people's needs

On this inspection we found the registered manager and provider had reviewed the staffing arrangements at the home. For example, they had created four separate units within the home and implemented a new rota system which had involved changing working hours. In addition, they had introduced the new posts of clinical lead and team leaders to ensure the staff team received the supervision and leadership they required to carry out their roles effectively.

The registered manager and provider had also organised a staff team building day and introduced a staff reward scheme. They told us the new measures put in place had improved staff morale and improved teamwork. The registered manager told us since the last inspection some care staff had left the homes employment and new staff had been employed which had improved the skill mix within the care staff team.

We saw the main office had been moved to the reception area and there was an increased management presence at weekends. This meant the senior management team were now more accessible to people who used the service and their relatives.

The staff we spoke with confirmed staffing levels had improved at the home and staff were deployed more effectively. One staff member said, "Things have improved a lot since the last inspection and the atmosphere within the home is more relaxed and staff have now started working together as a team which was not always the case in the past," Another staff member told us there had been a "massive improvement" since the last inspection and the new routines and improved staffing levels had improved staff morale.

People who used the service and their relatives also told us they were generally happy with the staffing levels although some people felt staff did not always spend enough time observing people in the lounge areas. One relative said, "There seems to be enough staff to look after them but not in the lounges, they are never in the lounges with them. Another relative said, "I have observed that the care [Name of person] has



been getting is very good and [Name of person] has coped well with the staff changes. There is a new manager [Name of manager] and we are impressed with their new systems. When [Name of person] first came in here there were bells going off all the time but now it's much better and it's improved continually. We are very pleased." A person who used the service said, "The call bell varies in length of time for answering. Sometimes they answer it quickly and say can you wait five minutes and other times it takes longer. I think there is enough staff and I never get completely ignored."

The registered manager told us following the concerns raised at the last inspection they had made changes to the call bell system. It now only alerted the staff on the floor where it was activated which had significantly helped to reduce response times. In addition, they now monitored the response times on a daily or weekly basis to ensure staff responded to call bells in a timely manner.

During the inspection we had the opportunity to have discussions with three healthcare professionals who visited the home on a regular basis. They told us had no concerns about staffing levels and staff were always available to spend time with them when they visited.

There was a recruitment and selection policy in place. We checked six staff personnel files to check safe recruitment practices had been undertaken. The records showed all the required checks had been carried out before the new staff had started work. We found the registered manager had recently introduced a recruitment checklist in order to ensure the correct documentation was in place prior to a new staff member being appointed.

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Safe care and treatment).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because medicines were not being managed safely. On this inspection we found improvements had been made.

We saw the senior staff member responsible for administering medicines on both Elizabeth unit and the residential unit checked the medicines to be given against the medication administration record (MAR). This ensured the correct medicines were being given at the right time. Once the persons' medicines had been prepared they were taken to the individual, together with a drink. The senior staff member then stayed with the person until the medicines had been taken. We saw people being supported to do this in a kind and patient way. The staff member then signed the MAR to confirm the medicines had been given.

Some people had medicines which were prescribed with particular instructions about when they should be taken. For example, some medicines needed to be taken half an hour before food and other medicines needed to be taken at specified times throughout the day. We found these instructions were followed. When medicines were prescribed to be taken 'as required' there were written protocols in place to help ensure these medicines were used effectively and consistently. However, in two instances senior staff were unable to find the protocol although they were very clear about under what circumstances the medicines would be administered. On the second day of inspection both protocols were in place as required.

Some medicines are classified as controlled drugs because there are particular rules about how they are stored and administered. We found these medicines were stored and accounted for correctly. We concluded medicines were stored and managed safely.

When we inspected the service in July 2017 we found the service was in breach of regulation 12 (Safe care and treatment).of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because the risk assessments in place did not always provide accurate and up to date information.

During this inspection we found risk assessments had been updated and now provided accurate and up to date information. We saw risk assessments were in place where areas of potential risk to people's general health, safety and welfare had been identified. For example, we saw where bed rails were in use, risk assessments had been completed to indicate why these were required to keep the person safe. We saw the care plans and risk assessments provided staff with clear guidance on how to meet people's needs and were reviewed on a regular basis.

Incidents and accidents were recorded and action taken to reduce the likelihood of a re-occurrence. Following each incident a management report was completed detailing the suspected cause and any action needed. We saw for one person who had fallen several times in their bedroom this had included a sensor mat being purchased to ensure staff were aware when they got out of bed. Incidents were analysed each month to look for any themes and trends and to check that appropriate action had been taken to prevent a re-occurrence. We saw following incidents such as falls people's risk assessments were updated to ensure they provided accurate and up to date information.

As part of the inspection process we looked at the environment and found the building was well maintained and provided people with a pleasant, comfortable and safe environment. We looked at a selection of maintenance records and they showed the provider had suitable arrangements in place to make sure installations and equipment were maintained in safe working order. We saw the home had infection control procedures in place. We observed staff used gloves and aprons when supporting people with personal care tasks, washed their hands in between tasks and made use of the anti-bacterial gel dispensers located throughout the home. We spoke with the laundry staff who described the segregation of laundry and showed us the flow system between dirty and clean laundry. We saw cleaning schedules were in place and all products subject to the Control of Substances Hazard to Health Regulations [COSHH] were securely stored.

# Is the service effective?

## Our findings

When we inspected the service in July 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because not all staff had completed their mandatory training and we observed poor moving and handling practice. During this inspection we found the provider had made improvements.

We found more emphasis had been placed on staff training and ensuring staff followed best practice guidelines. We were told the organisation had designated training officers who had overall responsibility for ensuring staff received appropriate training. We saw the training matrix was up to date and a training plan for 2018 was in place. The training plan showed that in addition to mandatory training the registered manager was in the process of arranging a number of other training courses specific to the needs of people who used the service, facilitated by other healthcare professionals. For example, they had contacted the Parkinson Disease Society and a nurse specialising in the care of people living with Huntington's disease to enquire if they could facilitate training. We saw the registered manager had also invited the relatives of people living with dementia to attend a training course on the subject and this had been well received by the people that attended.

The registered manager told us all new staff received comprehensive induction training. All new staff employed with no previous experience in the caring professional were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We saw individual staff training and personal development needs were identified during their formal one to one supervision meetings with the manager. We saw that supervisions were structured and all members of the staff team including the housekeeping staff received formal supervision. In addition, we saw each staff member had an annual appraisal which looked at their performance over the year.

The staff we spoke with told us they received the training and supervision needed to carry out their roles effectively and felt well supported by the registered manager. One staff member said, "The training provided is very good and we are encouraged to take up all training opportunities." Another staff member said, "I have regular supervision meetings with the manager and know I can approach them if I have any concerns. The system works very well."

When we inspected the service in July 2017 we found the service was in breach of regulation 14 (Meeting nutrition and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because records relating to people's nutritional and hydration needs did not always provide accurate and up to date information therefore we could not be confident their needs were being met.

On this inspection, we found improvements had been made to people's dining experience. In addition, the registered manager had introduced new daily fluid charts based on people's body weight in line with the

National Institute for Health and Care Excellence [NICE] guidance.

We observed the lunchtime meal on both the residential unit and Elizabeth unit and found people generally experienced an enjoyable mealtime experience. The registered manager confirmed they had recently changed the mealtime service and the catering staff now served the lunch and evening meals from hot trolleys instead of food being plated up for individual people prior to leaving the kitchen. We saw if a person required assistance or prompting to eat their meals staff assisted them discreetly and aids and adaptations such as plate guards and specialist cutlery were available to enable people to remain as independent as possible. People we spoke with and their relatives told us the meals were generally good and there was always plenty of choice.

The nutritional care plans we looked at for individual people gave clear instruction about the consistency of the meal, equipment required, eating position along with the individuals likes and dislikes. We saw mid-morning and mid-afternoon drinks were offered and there were jugs of water or juice available for individuals to help themselves. We spoke with the catering manager and catering staff and found they were knowledgeable about people's specific dietary requirements. They explained that for those people who required their meals to be fortified they added cream, butter or cheese and full fat milk. The catering staff told us they were kept up to date with any changes in people's dietary needs and were always informed when a new person moved into the home.

We saw if people were nutritionally at risk their weight was monitored and a malnutrition universal screening tool (MUST) had been completed. This is an objective screening tool used to identify adults who are at risk of being malnourished. We saw fluid and/or food charts were put in place if staff felt people were not taking an adequate diet or had experienced weight loss. We looked at the fluid and food and found they had been completed correctly by staff.

The registered manager told us either they or a senior staff member visited people prior to their admission to Laurel Bank Care Home, to complete an initial assessment of their support needs, and gain an understanding of their background, likes and dislikes. They told us this information was used to develop a care plan and shared with staff in preparation for the person's arrival. They also told us if appropriate they actively encouraged people who were considering using the service and their relatives to have a look around the home and speak with staff and people already living there. During the course of the inspection we observed the registered manager showing people around the home who were enquiring about care for their relative. We observed them answering their questions with confidence and empathy.

We looked if adaptations or changes in design had been made to the environment to meet peoples assessed needs. We saw on the Elizabeth unit contrasting colours were used for toilet doors to make them stand out and bedroom doors had pictures on them to help people living with dementia identify their own bedrooms.

The records we looked at showed staff worked with other healthcare professionals to ensure people received appropriate care and treatment. We saw this included GP's, hospital consultants, community nurses, tissue viability nurses, speech and language therapists, dieticians and dentists. At the time of the inspection we had the opportunity to have discussions with three healthcare professionals. They told us there had been an overall improvement in the service since the last inspection and communication had improved. They also told us staff were knowledgeable about people's needs and always followed their advice 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission (CQC) monitors the operation of the DoLS which apply to care homes. 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 were being met. We saw the service had a DoLS referral tracker in place which showed the number of authorised DoLS in place including any attached conditions and the number of submissions made to the supervising body still waiting for authorisation. We found the service was working within the principles of the MCA and DoLS and therefore people's rights were protected.

The registered manager demonstrated they had a good understanding of the MCA and how it should be applied in the home. We saw if people lacked capacity to make specific decisions mental capacity assessments were in place and best the interest processes had been followed. The registered manager explained how they assessed the restrictions placed on people who used the service and where they identified these amounted to a deprivation of the person's liberty and the person lacked capacity to consent to their care and treatment, applications were made. .

The staff we spoke with had a good understanding of the MCA and DoLS and were able to inform us who had authorised DOLs in place and what this meant in relation to the care, treatment and support they received. We saw evidence of people being asked for their consent through our review of care records as well as our observations during the inspection.

## Is the service caring?

### Our findings

People who used the service and their relatives told us staff were kind and caring. One relative said, "I think considering the way [Name of person] worries about everything they do amazingly well. They understand them, and they don't lose patience with them. They staff are trained well from what I can see, I used to manage a lot of staff and I can't see fault. There seems to be plenty of staff and they are always very happy." Another relative said, "I think the staff seem to be very clued up with dementia and they always know how to help [Name of person] even when they behave extreme sometimes. They relate well to the staff and always have a smile for them even when they don't for me, which makes me think they have a bond." One person who used the service said, "I'm happy here, you can't fault it. If we need anything done then it's done. I choose my outfits and have my hair done weekly. They look after me and my family know that I'm looked after."

The staff we spoke with demonstrated a good knowledge and understanding of people's needs and were able to explain how they maintain an individual's dignity whilst delivering care. We saw staff paid particular attention to people who remained in their rooms to ensure they did not become isolated.

The registered manager told us people's relatives and friends were able to visit without any restrictions and our observations confirmed this. We saw visitors were able to spend time in people's rooms or in one of the comfortable lounge areas of the home. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshments.

We observed people being addressed by the staff using their preferred names and the staff knocked on people's doors before entering into their room. We saw people's bedrooms had been personalised with photographs and ornaments. People's clothing had been put away tidily in wardrobes and drawers showing staff respected people's belongings.

People were treated with dignity and respect. For example, we saw two staff supporting a person who required a hoist to transfer to their chair. The staff explained what they were doing in a calm and discreet manner. They made sure the person was comfortable and reassured at every stage of the transfer, ensuring the person's dignity was protected throughout the move. Once the person was sat in the chair a member of staff knelt down to check they were comfortable, using touch to reassure the person. The person smiled in response.

People were involved in all decisions about their care and their choices were respected. For example, people were offered a choice of food, where they wished to spend their day and whether they wished to be involved in activities. People told us they felt their views had been listened to.

The manager and care staff told us they did their best to ensure relatives were involved in any reviews and decisions on care, and if someone did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance to individuals.

We looked at how the service worked within the principles of the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. We spoke with the registered manager about the protected characteristics of disability, race, religion and sexual orientation and they showed a good understanding of how they needed to act to ensure discrimination was not a feature of the service.

We saw the service had policies and procedures in relation to protecting people's confidential information which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored in locked cabinets to ensure confidentiality was maintained and the computers in use were password protected.

## Is the service responsive?

### Our findings

When we inspected the service in July 2017 we found the service was in breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because people's care plans and risk assessment did not always provide accurate and up to date information and people who used the service and relatives had not always been involved in reviewing their care plan.

On this inspection we found improvements had been made and a new care planning system had been implemented. However, we still found that care records did not always provide sufficient information about how staff should deliver peoples care, treatment and support. For example, we found the 'personal care' plan for one person was not person centred and their nutritional care plan did not inform staff how they should boost their calorie intake. In addition, whilst we found the person's relative had signed and agreed the care plans in June 2016 there was no evidence to show they had reviewed it since and there was no date recorded for the next review meeting.

We also found for a second person who exhibited behaviour that challenged a review of their safe environment care plan dated February 2018 stated 'Name of person continues to be aggressive with personal care. Staff have to reassure {Name of person} and then cares can be maintained. However, there was no guidance to staff about they do this or information about any triggers they needed to be aware of which might exacerbate the situation.

In addition we found the 'End of Life' care plans in place for some people lacked information. For example, the care plan for one person receiving end of life care just stated the family had decided on a funeral director but gave no details about how the person wanted to be supported at the end of their life. This was discussed with the registered manager who told us they would address this matter.

Their care plans we looked at showed what the person could do for themselves and the support they needed from staff which included any particular preferences. We found the files were easy to navigate and followed a standardised format. Care plans and risk assessments had been reviewed at least monthly and where an issue had been identified, action had been taken to address and minimise the risk.

When we inspected the service in July 2017 we found the service was in breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because there was not always sufficient staff on duty to meet people's needs or respond in a timely manner to their request for assistance once they had activated their call alarm.

On this inspection we found improvements had been made both to staffing levels and the way staff were deployed within the home. The registered manager told us the policy was for all call bells to be answered within five minutes of them being activated however the majority were now being answered within three and five minutes. We looked at the response time call bells and found staff were responding to requests for assistance were generally answered in a timely manner and there were systems in place to monitor



response times.

The majority of people who used the service and their relatives told us there had been improvement in staffing levels and response time to call alarms since the last inspection. However, some people still felt the response times would be quicker if there were more staff on duty. One relative said, "I think it's the size of the building rather than the lack of staff. People are well cared for but sometime there is a bit of a wait before staff answer the call bell". Another relatives said, "The lounge areas are the worse there never seems to be staff present and if someone needs help you have to use the call bell and it can take a while for staff to arrive." This was discussed with the registered manager who confirmed they would continue to monitor both staffing levels and call bell response time and ensure both were appropriate to people's needs.

We looked at what the service was doing to meet the Accessible Information Standard. We saw the registered manager had a policy which highlighted what the organisation would do to meet this standard. The registered manager told us staff completed training on the Accessible Information Standard in conjunction with Equality and Diversity training and everyone living at the home had a communication care plan in place. In addition, an assessment of their communication needs was made on admission to establish if people required any specific aids or equipment to enable them to communicate effectively. However, we found the mobility plan for one person with Glaucoma did not inform staff how this might impact on their mobility.

When we inspected the service in July 2017 we found the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Regulations. This was because people told us they did not feel comfortable about making a formal complaint and were not confident action would be taken as a result of them making a complaint.

On this inspection we found more emphasis had been placed on ensuring people felt able to raise concerns about the standard of care and facilities provided. Since the last inspection the provider had established a 'Friends of Laurel Bank' forum. We saw meetings were attended by the family and friends of people who used the service and gave them the opportunity to air their views and opinions of the service.

We reviewed the complaints register and saw three complaints had been received since the last inspection all of which had been dealt with in line with the policies and procedures in place. For example, they showed a thorough investigation had been carried out and action had been taken as a result of the findings. People who used the service and the relatives we spoke with knew who to speak with if they had any concerns about the care and support people received. One person said, "It's easier to speak with someone now the office is in the main area but really I have nothing to complain about." Another person said, "I know how to complain and would do so if I had any concerns, which I don't at the moment."

We saw the service had received twenty written compliments cards from people who used the service and their relatives. One person wrote, "We were surprised to see CQCs report a few months ago. In our view the report does not reflect the good standard of care and safety which is evident at Laurel Bank. We are very grateful for the standard of care shown by staff in looking after [name of person]." Another person wrote, 'To all the staff, thank you for all of the help and support you gave to [Name of person] during the last 11 months. "I would like to say what a fantastic carer [name of staff] is. They are a credit to Laurel Bank they stayed beyond her finish time and supported {Name of person}.'

The service employed an activity co-ordinator who was responsible for organising a range of social and leisure activities both within the home and local community. We spoke to the activities co-ordinator and found them to be enthusiastic about their role. They described how they encouraged people to participate

in activities either in small groups or on an individual basis. We saw there was a monthly activities plan in place which showed activities included such things as craft mornings, painting, reminiscence, pamper mornings and indoor gardening. The activity co-ordinator told they had attended some external reminiscence training and now felt better equipped to use the reminiscence materials available at Laurel Bank. In addition, we saw the registered manager had arranged for them to attend a training course in May 2018 specifically around the type of activities beneficial to people living with dementia. People who used the service and their relatives had mixed feelings about the level of activities provided and while some people thought they were appropriate to their needs other felt there was not always enough planned activities.

## Is the service well-led?

### Our findings

On both days of inspection the registered manager was a visible presence throughout the home as where other members of the senior staff team. People who used the service, their relatives and staff spoke positively about the way the home was now managed and how approachable the registered manager now was. One person said, "[Name of manager] is very approachable and very nice and although I don't have a lot to do with them about managing they seem to do very well". It's a lovely home and light and bright but I think they could improve by having more staff and activities". Another person said, "I think [Name of manager] is wonderful and they come and chat with me and bring me a cup of tea". I haven't been asked an opinion in a formal way about the running of the home, but I could definitely recommend it."

When we inspected the service in March 2017 we found the service was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 This was because although there were quality assurance systems in place designed to continually monitor the service, these were not sufficiently robust.

On this inspection we found improvements had been made to the quality assurance monitoring processes and the registered manager and provider had carried out a range of meaningful audits. For example, we saw there was an audit plan in place which outlined when specific audits were to be carried out throughout the year. We saw the quality manager employed by the organisation carried out three monthly compliance audits which covered all aspects of service delivery and external consultants also carried out a six monthly compliance audit. In addition, the provider also monitored the quality assurance process to ensure the audits carried out were effective and identified any shortfalls in the service.

We asked staff about the management of the service. They were happy to speak with us and to tell us about all of the improvements made since the last inspection as highlighted in the body of this report. They all told us the registered manager and deputy manager were approachable and had an open door policy which meant they could speak with them at any time if they had a problem. They also told us they worked well together as a team and morale was now good. Some staff particularly commented on the new shift system and how this had made a positive impact on the way staff were deployed. One staff member said, "The problems we had in the past was that some staff did not want to be told what to do by the senior staff, they have now gone." We observed staff appeared well organised and this helped create a positive culture and a more relaxed atmosphere within the home.

The registered manager told us as part of the quality assurance monitoring process they held regular meetings with people who lived at the home and their relatives and sent out annual survey questionnaires. They confirmed the information provided was collated and an action plan formulated to address any concerns raised.

We saw that staff meetings were held on a regular basis so that people were kept informed of any changes to work practices. We saw evidence to show the last inspection report had been discussed with staff at all levels of the organisation to drive improvement. In addition, an annual staff survey was carried out to seek

their views and opinions of the service and to establish the level of engagement they have with the home and organisation.

We saw the service worked closely with other health and social care professionals to achieve the best outcomes for the people they supported. The registered manager told us since the last inspection the service had developed stronger links with specialist community based health and social care professionals and worked in partnership with them.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.

We concluded the service was now being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, it was too early for the provider to be able to demonstrate that the new processes were fully embedded and that these improvements could be sustained over time.