

Stillness 929 Limited

# The Laurels

## 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



### Overall summary

The Laurels provides care for up to 12 people who have an acquired brain injury and complex neurological conditions. The service supports people to access a range of rehabilitation programmes. These are designed individually with the aim to support people to return to life in the community. There were 6 people living in the service at the time of the inspection.

The service had an established registered manager in post at the time of our inspection. 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.

CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually

# Summary of findings

to protect themselves. At the time of the inspection two people who used the service had their freedom restricted in order to keep them safe and the provider had acted in accordance with the Mental Capacity Act, 2005 and DoLS.

People were cared for safely and they were treated with dignity and respect. They were able to access appropriate healthcare services and nutritional planning took account of their needs and preferences. Their medicines were managed safely.

People were involved in planning the care and support they received and staff listened to, and respected their views about the way they wanted their care delivered. They were also supported to enjoy a range of activities and interests of their choice.

People could voice their views and opinions to the registered manager and staff and were able to raise

concerns or complaints if they needed to. The registered provider, the registered manager and staff listened to what people had to say and took action to resolve any issues as soon as they were raised with them.

Staff were appropriately recruited to ensure they were suitable to work with vulnerable people. They received training and support to deliver a good quality of care for people. They understood how to identify report and manage any concerns related to people's safety and welfare.

Staff delivered the care that was planned to meet people's needs and took account of their choices, decisions and preferences. Staff cared for people in a sensitive, warm and friendly manner.

The registered provider maintained systems to regularly assess, monitor and improve the quality of the services provided for people.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People felt safe living within the service and staff supported them in a way that minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Good



### Is the service effective?

The service was effective.

People had access to appropriate healthcare support and their nutritional needs were met.

They were supported to make their own decisions and appropriate systems were in place to support those people who lacked capacity to make decisions for themselves.

Staff received training and consistent support from the registered manager in order to meet people's needs, wishes and preferences.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Care and support was provided in a warm and friendly manner.

Good



### Is the service responsive?

The service was responsive.

Wherever possible, people were fully involved in assessing and planning for their care needs.

People were supported to engage in activities and interests of their choice.

They and their relatives knew how to raise concerns and make a complaint if they needed to.

Good



### Is the service well-led?

The service was well-led.

There was an open and positive culture within the service.

People were able to voice their opinions and views about the services they received.

The registered provider and manager had systems in place to assess and monitor the quality of the service provision.

Good



# The Laurels

## 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 is a new service and there have been no previous inspections carried out by the Care Quality Commission. The service became operational on 1 July 2014.

We visited The Laurels on 23 June 2015. The inspection team consisted of two inspectors and was announced. We gave the registered provider 48 hours' advance notice of the inspection because the registered provider had informed us some people may become distressed when visitors arrive without notice.

Before the inspection visit took place, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

In advance of our visit we also looked at the information we held about the service such as notifications, which are

events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies such as the local authority and service commissioners.

During our inspection we looked at three people's care records and spent time observing how staff provided care for people to help us better understand their experiences of care. This was because some people were unable to directly tell us about their experience of living at the service. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We spoke with three people who lived at the service and three relatives who were visiting, one person who had recently stayed at the service for short term care, a local authority commissioning officer and a healthcare professional.

We also spoke with the registered manager, deputy manager, four care staff, the cook, the service administrator and one of the domestic staff team. We looked at three care plan records, three staff recruitment files, staff training records, supervision and appraisal arrangements and staff duty rotas. We also looked at information regarding the arrangements in place for managing complaints and monitoring and assessing the quality of the service provided within the service.

# Is the service safe?

## Our findings

People and their relatives told us they felt The Laurels provided safe care. A relative we spoke with said, “I think the service is really safe. It’s been a pleasure to visit and to see the information available about safety for us to access is reassuring.” The reception area of the service had information for people and visitors to read about what they provided which included a document for all people called ‘Safeguarding at The Laurels’.

Records showed the service had an effective approach to assessing risk and reflecting this in each person’s care plan. The registered manager told us that people were supported in a way that allowed them to have as much independence and control over their lives as possible without compromising their safety. One person told us, “It’s a home from home. In fact it’s better than home as I am not on my own but I have my independence. I can go shopping to the supermarket on my own.”

The registered manager also told us that the local community police officer had visited the service to talk with people about their personal safety. We saw contact details for the local police officer on display on the noticeboard, allowing people to make further contact if they needed to.

Staff provided support in a way that minimised risk for people. For example, the registered manager showed us staff used equipment such as hoists in bathing areas, to help people have a bath safely. We also saw that when needed staff were supportive of people who had chosen to move around independently by moving any potential trip hazards out of their way.

Care records showed and staff we spoke with told us how people would be supported to evacuate the building in the event of a situation such as a fire. Staff knew about the plans in place for each person and the information was clearly recorded in people’s care records. Staff also knew about risk assessments for people’s other needs such as falls, nutrition and medication, which were also available in the care files.

Records showed and staff told us they received training about how to keep people safe. All staff, including bank staff, received a comprehensive induction programme which included training on how to keep people safe from abusive situations. Staff demonstrated their understanding of how to recognise potential abuse and how to report it.

We saw that the registered manager had worked effectively with other agencies such as the local authority safeguarding team to address any concerns they had identified. For example, the registered manager told us about a recent incident they had reported where professional guidance had been sought to support the people involved in order to minimise the risk of repeated incidents.

The registered manager showed us that all arrangements to support people to safely return home were planned using a discharge contingency plan. We saw the plans were available with care records. They highlighted any potential risks and plans in place to manage these with the aim of ensuring a successful and safe transition home for the person and their relatives.

We saw the registered provider had safe recruitment processes in place. We looked at three staff files and saw staff had been recruited based on checks with the Disclosure and Barring Service (DBS) to ensure they were suitable to work with vulnerable people. They also underwent checks about their previous employment, their identity and had references from previous employers.

Staffing levels were kept under constant review by the registered manager and were adjusted based upon the needs of people and the activities taking place. During our inspection we noted the numbers of staff on duty matched the planned rota. The registered manager told us the rota was set out in a way which enabled them to ensure staff were deployed in line with their skills and experience. Staff said this helped them to feel confident they could meet any changes in need.

One person told us that if they had any problems they could “Talk to the staff and they would sort it out.” A relative said, “Staff were so busy in the service [my relative] lived at previously. Here staff have the time to do things with [my relative].” All the staff members we spoke with told us there were enough staff to meet the needs of the people who lived at the service. One new staff member told us, “I have a lot more time to spend with people here than I did where I worked previously.”

The registered manager, staff we spoke with and training records we looked at confirmed that only staff who had received the appropriate training were responsible for supporting people to take their medicines. The registered manager demonstrated how they ordered, recorded,

## Is the service safe?

stored and disposed of medicines in line with national guidance. This also included arrangements for medicines which required special control measures for storage and recording. Staff carried out medicines administration in line with good practice and national guidance. People's care

plans showed how they wished to be supported with their medication, including any arrangements which may be required to enable people to administer their own medication.

# Is the service effective?

## Our findings

People and their relatives told us staff understood their needs, likes and dislikes. One relative told us, “[My relative] looks much better since they moved here. We have all seen the change. [My relative] is busy all the time now and is sleeping and eating better as they are moving around so much more.”

Staff told us they received a varied package of training to help them meet people’s needs. Records showed training for needs such as helping people move around safely, supporting people to swallow food and drink safely, epilepsy and challenging behaviour. One member of staff told us that they had been encouraged to undertake nationally recognised qualifications and was meeting the local external training assessor the following week so that this training could commence.

Staff told us and records showed they received regular supervision sessions with senior staff and yearly appraisals were in the process of being planned. One staff member told us, “I am having my appraisal tomorrow.” They also told us the registered manager and senior staff were knowledgeable and supportive. Individual staff members were encouraged to take on specific roles. For example one staff member had taken on the role of infection control champion. The registered manager and a staff member we spoke with told us this helped to promote good practice and learning within the team.

Staff told us and records showed that people were involved in decision making about care needs and staff respected their views. One staff member told us that since coming to the service they now, “Always assumed people had capacity.” They also said they had changed their approach to ensure they, “Weren’t “Doing things for people that they could do themselves.” Staff were also clear in their understanding of how to support those people who lacked capacity to make decisions for themselves. They knew about processes for making decisions in people’s best interest and how to support people who could still make their own decisions.

Staff had received training about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

They were able to demonstrate an understanding of the subjects when we spoke with them. At the time of our visit two people had authorised restrictions in regard to their freedom of movement in place in order to keep them safe.

Staff asked people for their consent before they provided support. They explained the support to people in a way that they could understand. We also saw that whenever it was needed staff had arranged for people to promptly receive health care services. Some people had complex needs and required support from specialist health services.

Relatives said they were always informed about their loved ones health needs. One relative said, “Overall I feel the services are joined up in a way which means our needs get met with The Laurels and [my relative] at the centre of things.”

People’s healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as community nurses, dentists and opticians. Staff knew about people’s healthcare needs and we saw they followed care plans for reducing risks they identified. Care and multi-disciplinary review records showed when people had received support from a range of the registered provider’s specialist services such as dietitians, neuropsychologists, speech and language therapists and occupational therapists.

People said staff maintained contact with their GP and that they could see them whenever they needed to. The registered manager told us that the staff team was working very closely with the local GP and speech and language therapist to support one person with a progressive neurological condition to eat and drink normally for as long as possible, thus helping to maintain their dignity and independence.

Care staff demonstrated their knowledge and understanding of people’s nutritional needs. They told us they followed care plans for issues related to encouraging people to take drinks regularly and to help people maintain a healthy weight. Records for these needs were completed and up to date including nationally recognised nutritional assessment tools.

People told us they enjoyed the foods that were available to them and that they had access to drinks and a range of food throughout the day and night. The cook provided people’s chosen meals, whether from the planned menu or

## Is the service effective?

their own choices. When we spoke with the cook they demonstrated they had a good knowledge and understanding of people's individual nutritional needs and their preferences.

The cook showed us there was a range of information for them to refer to in relation to meeting people's individual

dietary needs. The information included details about catering for people with diabetes, those who required nutritional supplements and those with particular likes and dislikes. Both the cook and the staff team also made sure there was a range of hot and cold drinks available at all times to people to prevent them from getting dehydrated.



# Is the service caring?

## Our findings

We received positive feedback from people and their families about how well the whole team of staff worked together within The Laurels and how this impacted on the care and support people told us they received. One person said, “It has a calming effect on me being here. This comes from the staff.” Another person said, “The staff are fantastic, they are very kind.” A relative commented, “The staff are brilliant. I can’t fault them, no issues or grumbles.” Another family member said, “Always used to be upset when they visited [my relative] in the service they lived at previously. Now they are happy when they visit. It’s the first time they have been content with the staff in a care service.”

People could choose where they spent their time in the service. There were several communal areas within the service and people also had their own bedrooms. We saw that people’s bedrooms were spacious and that people had been encouraged to bring in their own items to personalise them.

Staff had time to sit and talk with people about their family, their lives and other day-to-day issues. We observed staff, people and relatives who were visiting the service took their lunch together. We also observed the registered manager eat their meal together with people, staff members and relatives. They told us they also did this regularly to help promote an open approach and relaxed team atmosphere. Staff told us that they always ate

together with people and that this was included in their working hours, as an expected part of their role. One relative told us that when staff provided eating support to their family member they had, “Huge patience, not rushing.”

We also saw that one person who regularly became anxious around others had been sensitively supported to have lunch on their own, before the main lunch sitting. This arrangement was planned in line with the person’s wishes and clearly recorded in their care plan records.

For people who could not easily express their wishes the service staff had developed additional links with local advocacy services to support them if they required assistance. Advocates are people who are independent of the service and who help people to understand the issues and communicate their wishes.

Staff spoke with us about how they supported and cared for people. Throughout the discussions about people’s needs they referred to issues such as the importance of maintaining people’s independence, privacy and dignity. Staff emphasized that making sure people had care that suited them and understanding how they communicated their needs was central to providing a person centred approach to caring. For example, we observed staff made sure personal care was carried out in private and when it was needed, spoke with people about their needs in private areas or lowered voice tones.

# Is the service responsive?

## Our findings

Each person who stayed at the service had an individual programme in place to underpin their rehabilitation programme and meet their individual needs. Care was person centred, individualised, well documented and recorded. Two people also had one-to-one staffing support provided as part of their support plan. At the time of our visit we saw that people were supported to follow their individual programmes as planned. For example, we observed one member of staff supporting one person with a rehabilitation exercise. There was a good rapport throughout and the staff member repeatedly praised the person who responded to the approach.

Staff told us and the individual review records we looked at showed they worked in a collaborative way to ensure people were supported to have access to the best possible opportunities to maximise their independence in order to return home. For example, we saw a review record for one person which showed they had identified a range of goals that they had achieved including doing their own shopping and making their own meals. Another person's chosen goal was to spend some time with their relative at home as part of a planned phased return home. The review records we looked at showed the person and their relative were being supported to do this.

Care plans included an "About Me" record which had been completed in a person-centred and respectful way. We noted this section was not at the front of the care file which detracted from its usefulness in enabling any new member of staff or visiting professional to gain an immediate insight into the person as a whole, not just their physical care needs. We raised this with the registered manager who accepted the feedback readily and undertook to reorganise the files to ensure the 'About Me' record was the first item in each file.

We saw wherever possible people had signed their care records to show they agreed with them. Reviews of people's care plans were undertaken regularly to ensure they were up to date and reflected what the person needed and wanted. The registered manager also showed us they had recently introduced a monthly multidisciplinary review meeting held with each person to ensure their personal rehabilitation and support plan continued to meet their needs.

Information in people's care records was set out to inform staff about how they should maintain people's dignity, what they liked and did not like and what healthcare they required. Monitoring charts for needs such as nutrition and pressure area care were completed to show these were being supported and maintained. Reviews of people's care plans were undertaken each month to ensure they were up to date and reflected what the person needed and wanted.

People told us there was always plenty for them to do. Staff said that activities were developed in a flexible way to encourage people to choose to do what they wanted at the time they wanted to do it. For example, one person told us they had obtained annual membership for the local gym and that they enjoyed going to the leisure centre to exercise.

The registered manager told us how they had used feedback received from people to introduce a 'hobby circle' to support people to maintain and develop their interests and hobbies. We saw one person enjoyed baking and was supported to do this. The person had also said they wanted to do some gardening. Another person had also confirmed they were a keen gardener and wanted to develop this interest. The registered manager showed us a range of vegetables that the people had planted and said that they had been supported to do this through the hobby circle.

The registered manager and people also told us the service had introduced regular takeaway evenings and this initiative had been expanded to encompass a monthly themed activity with an educational focus. At the time of our inspection the theme was Lincolnshire and there were a variety of informative posters on display in the dining room. The monthly themes for the rest of the year were also clearly displayed.

The registered manager showed us they had received a range of compliments about the service from people and their relatives and had a clear procedure for recording any complaints raised along with actions they would undertake. The registered manager confirmed there had been no formal complaints raised since the service had started operating. People and their relatives said they knew there was a complaints policy. This was displayed in the service. People and their relatives told us they felt able to voice any concerns or complaints they had. They said they were confident they would be listened to and action would be taken.

## Is the service responsive?

During a conversation we had with a relative they told us communication was good and that any issues raised were dealt with by the registered manager. When we asked if they had raised any suggestions about how the service could be improved they told us they had already raised

some suggestion about how the telephone answering service could be further improved upon with the registered manager. The registered manager confirmed the actions they were taking to review and improve the system.

# Is the service well-led?

## Our findings

One person we spoke with said, “I feel confident in the support I get from the manager and staff. Very good co-ordination between them and I feel I always know what is going on and my choices within that.” A relative told us, “The service has a good manager who has a presence in the home. That is really clear and as a family member I am always clear about who I can speak to with any queries or questions.” Another relative said, “The service is outstanding, we couldn’t fault it. My relative hasn’t got that worried look anymore.”

We also spoke with a healthcare professional who told us they had built strong professional working relationship with the staff team at the service and that they felt communication was good. They told us that they had referred eight people to the service during the last year and had had “Nothing but positive comments from the patients.”

Staff told us the registered manager was very supportive and there was an excellent atmosphere in the team with everyone working together extremely well. We saw staff of all grades working together in a friendly and mutually supportive way. On the day of our visit the registered manager displayed an extremely friendly and open approach to everyone.

The registered manager confirmed they held a catch up meeting with senior staff every morning to review any issues and agree plans for the day. The deputy manager told us they were also confident in their ability to manage the service effectively in the manager’s absence.

People told us staff always listened to their views and they had a chance to say what they thought about and influence how the service was run in meetings with registered manager. The registered manager told us that the decision that staff should wear name badges had been in response to feedback from people during one of the meetings because they sometimes struggled to remember people’s names. The registered manager also told us that brunch had been introduced every Tuesday in response to feedback from people who enjoyed a traditional cooked breakfast. Records we looked at from the residents meetings held in March and April 2015 showed these issues had been discussed and changes made as a result of the feedback people had given.

We saw there were also arrangements in place for relatives to voice their views and opinions about the service through direct contact with the registered manager. Relatives told us the registered manager was regularly available to them either in person or by telephone when they need to speak with them. In addition the registered manager told us they were about to undertake a more formal survey with relatives who visited the service in order to obtain additional feedback. After we completed our visit the registered manager confirmed a family and friends survey was being sent out on 29 June 2015.

Staff told us the registered manager and senior staff were very supportive and they said they had regular staff meetings. They said that they could share their views at the meetings as well as receive updates about developments within the service and guidance on best practice. Records showed the meetings were held every month and had been planned in advance for the rest of the year.

Staff demonstrated a clear understanding of their roles and responsibilities within the team structure and said they knew who to contact for advice within the wider organisation. A member of the domestic staff team told us they were very clear about their role and responsibilities and felt very much part of the overall team saying, “It’s a great place to come to work to because it runs well. I am included in the team meetings as well so we all know what is going on.”

We looked at the policy in place to support staff to raise any whistle-blowing concerns they may have. This was very clear and staff we spoke with demonstrated they were aware of procedures they would follow and would not hesitate to use them. They also said they felt supported by the registered provider to do this if they needed to.

Our records showed the registered manager made sure we were informed about any untoward incidents or events within the home. This was in line with their responsibilities under The Health and Social Care Act 2008 and associated Regulations.

As part of our inspection we also spoke with the local authority contract monitoring team who commissioned services from the registered provider. They told us they undertook monitoring visits to the service. Information they shared with us about their last visit in June 2015 showed the registered provider had adhered to the contractual arrangements in place with them.

## Is the service well-led?

There was a clear quality assurance and audit framework in place which the registered manager maintained. Regular audits were carried out for areas such as infection control and medicines management. The registered manager showed us an external medicines audit had been planned for the day after our visit. On completion of the visit we were sent confirmation from the registered manager that there were no actions required and that any minor recommendations had been actioned immediately.

The registered also manager produced weekly audit and monitoring checks on areas such as the environment,

infection control, fire safety, safeguarding people, and supervision and appraisal. Records also showed the provider's senior management team carried out visits and maintained regular contact with the registered manager in order review the reports completed. The registered manager confirmed any agreed actions were then undertaken and regularly reviewed to continually address any shortfalls highlighted by the registered provider's quality monitoring processes.