Black Swan International Limited

Laurel Lodge Care Home

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

Laurel Lodge Care Home provides accommodation and personal care for up to 27 older people. There were 19 people living in the home on the day of our inspection.

This inspection took place on 25 and 26 January 2017 and was unannounced.

A registered manager was 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.

Appropriate systems were in place to guide staff in how to minimise the risk of people experiencing abuse. Staff knew what action to take to ensure people were protected if they suspected they were at risk of harm. The provider encouraged them to raise and report any concerns they had about people so they could be addressed. People received their medicines when they needed them.

The home had sufficient staff to meet the needs and preferences of the people living there. Staff were recruited only after completing the necessary checks to make sure they were suitable to work at the home.

Staff knew about and were following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments.

Staff had received enough training and supervision to enable them to provide people with the care they required in a safe manner.

The registered manager and the staff team were aware of the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People were asked to give consent to care, support and treatment. Where people lacked the capacity to do this, staff worked within best interest decision making procedures.

People's health, care and nutritional needs were effectively met. People were provided with a varied diet and staff were aware of people's individual dietary needs. The home worked with external professionals to support and maintain people's health.

People's privacy and dignity was respected by staff. People, their families and staff were all complimentary about the home. Staff were enthusiastic about working with the people who lived at the home and developed positive relationships with them.

People received the care and support they needed and were encouraged to express their views and opinions about how they wanted to be looked after. People and their relatives were listened to if they were unhappy or had comments to make. Actions were taken where appropriate in order to improve the quality of care provided.

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 systems in place to make sure the risk of abuse and avoidable harm to people was reduced.

There were enough staff to meet people's needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good

The service was effective.

Staff were well supported. They received training, supervision and support to enable them to provide the care and support people required.

The service was meeting the requirements of the Mental Capacity Act and Deprivation of Liberty Safeguards, which helped to ensure people's rights were upheld.

People received enough food and drink to meet their needs.

If people became unwell staff sought medical advice promptly to promote their health.

Is the service caring?

Good

The service was caring.

Staff were kind and compassionate.

People's rights to independence, privacy and dignity were valued and respected.

People were involved and included in making decisions about what they wanted and liked to do.

Is the service responsive?

Good

The service was responsive.

Staff knew the people they were supporting well.

People had the opportunity to take part in activities and maintain their interests whilst living at the service.

There was a complaints procedure in place to ensure that any complaints received would be fully investigated and dealt with.

Is the service well-led?

Good

The service was well-led.

There was an open and transparent culture within the service where people and staff felt comfortable to raise concerns.

People were enabled to make suggestions to improve the quality of their care.

Systems were in place to monitor the quality and safety of the service.

Laurel Lodge 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 and 26 January 2017 and was unannounced. The inspection team consisted of 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.

Before the inspection, we requested that the provider 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. This was received from the provider. We also reviewed information that we held about the service. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us. We also requested feedback from the local authority quality assurance team.

We looked at the care records of four people in detail to check they were receiving their care as planned. We also looked at records including a staff training records, meeting minutes, medication records and quality assurance records. We spoke with seven people who live at the home, three members of care staff, the chef, the deputy manager, the registered manager and the regional manager who represented the provider. We also spoke with relatives of five people currently living at the home and one healthcare professional.

Good

Is the service safe?

Our findings

All of the people that we spoke with told us that they felt safe living at Laurel Lodge Care Home. One person said, "Oh yes I certainly feel very safe here. Everybody is so very nice. They are always there when you need them and they always come when I press the buzzer." Another person said, "I feel very safe in the home. They are all very good at helping me when I need to do things, no matter at what time. It is much better now and the home is looking really nice now." A third person told us, "The home is much better now. I feel really safe here and the staff are really kind."

Relatives were equally complimentary telling us that they felt their family member was safe living at the home. One relative said, "We feel that my [relative] is very safe here. [Family member] has access to everything they need. We feel confident that if [family member] needs help at any time it will be there." Another relative said, "My [relative] is safe and really well looked after here."

We found that people were supported by staff who were knowledgeable about safeguarding people from the risk of abuse. Staff told us the process for raising a safeguarding concern; they were all clear on who they would contact if they had any concerns. One member of staff told us, "I would always report any safeguarding concerns. I would go to the deputy manager or manager. I know I could also go to CQC, social services safeguarding or even the police."

Staff had the necessary information to support people safely. Care plans and risk assessments had been completed and reviewed in order to ensure people's needs were being met in a safe manner. Risk assessments had been completed that reflected people's individual needs. For example, we saw information and risk assessments relating to falls prevention and reducing the risk of someone developing a pressure ulcer.

There was a system in place to monitor and review any accidents or incidents that took place. Accidents and incidents had been recorded and detailed the location, type and time of the incident/accident. This information had then been analysed each month to help identify if any steps could be taken to reduce the accident or incident from re-occurring. Where this had been identified, we saw that action had been taken for example, requesting and implementing advice from specialist healthcare professionals.

The provider employed a maintenance member of staff to ensure the premises and equipment that people used were safe. Records showed maintenance processes were robust, orderly and detailed. Certificates and records were in place that showed regular checks had been completed in relation to fire safety equipment, emergency lighting, electrical installation and equipment such as hoists and slings.

Our observations and discussions with people, relatives and staff on the day of our inspection showed that there were sufficient numbers of staff to meet people's needs and keep them safe. We were told by one person, "If I have a problem they [staff] are always there, even when I press my buzzer." Another person said, "I don't need to call anybody, but I know that they would be there to help me." A third person said, "If I need help then I just press my buzzer and they come very quickly." Staff confirmed that unless their colleagues were away from work unwell there were enough staff on shift. The registered manager told us that when this occurred, they could use agency staff to provide cover.

The required checks had been made before staff started working in the home to make sure they were safe to do so. Staff we spoke with told us about their experience of their recruitment. They told us that appropriate checks were made on them including a number of references obtained regarding their character and a Disclosure and Barring Service (DBS) check prior to commencing employment at Laurel Lodge Care Home. The DBS helps employers ensure staff they recruit are suitable to work with people who use care and support services.

We asked people if they received their medicines on time and when they wanted them. One person said, "I do get all my tablets on time and they make sure that I take them before leaving me." Another person said, "They bring my tablets to my room in the morning and at night. They always watch me take them."

We checked completed MARs and found gaps on a particular day where a staff member had not recorded whether that person had been given their medicine as prescribed. We spoke with the deputy manager and the regional manager about the gaps in the MAR charts. They told us that where staff had failed to sign for medicines appropriately on the MAR charts they were asked to undertake medicines training again. They also told us that they had introduced a daily check of signatures so that staff could support one another with checking each day that the MAR chart was completed correctly. For people who were prescribed 'as and when' medicines, staff had guidance on when to administer these medicines.

During our audit of medicines we compared medication records against quantities of medicines available for administration. In all instances on the MAR charts in use, we found amounts of medicines carried forward from one month to the following recorded and the amounts held in stock tallied with the amounts recorded as being in stock. We were satisfied that people received their medicine as the prescriber had intended.

Good

Is the service effective?

Our findings

People were supported by trained staff who had sufficient knowledge and skills to enable them to care for people effectively. People we spoke with described staff as well trained. One person said, "Oh yes the staff here know what they are doing. They are always very careful when they lift or move me." Another person said, "The staff here are really well trained and they certainly know how to care for me. They are very good when they lift me with the hoist and I have never felt worried when they are doing that." One person's relative told us, "The staff here appear to know what they are doing. They are always polite and are always ready to answer any question we might have."

We saw that the registered provider had systems in place to ensure staff received the induction training they required to carry out their roles. Training courses included but were not limited to, helping people to move and reposition, infection control, dementia awareness and first aid. One member of staff told us about their induction into the home when they were a new employee. They described how they had been supported to undertake a variety of training. People could be confident that they received support from staff that had the skills and experience to meet their needs.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision regularly and told us they could approach their line manager or the registered manager at other times. Supervision is dedicated time for staff to discuss their role and personal development needs with a senior member of staff or manager. A staff member we spoke with said, "I have regular supervision. They [line manager] will give you compliments if they are due and acknowledge your hard work." The same member of staff told us how they had supported one person who lived at the home when they had become extremely unwell. They said that immediately they had received supervision and support from the deputy manager who had checked they were okay and reassured them.

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 is called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments were in place and detailed the extent to which people could make their own decisions and where they required support. Staff we spoke with had a good understanding of the MCA and were able to demonstrate that they knew about the principles of the MCA and DoLS. We also observed that staff assumed that people had capacity in their interactions with them and asked people for their consent before performing a task. Such decisions were around their care, for example, what they wanted to eat or drink and whether they wished to take part in an activity. The registered manager had submitted a number of applications for DoLS to the supervisory body (local authority) but the outcome of these were not known yet. In the interim, the registered manager kept these under review to ensure any practice applied was the least restrictive possible.

We observed the lunch time meal. The provider had recently refurbished the dining room and people we spoke with told us they were pleased with the improvements made. Where people were helped with their meal they were supported in a respectful and discreet manner. The meal time was a social opportunity as people engaged with day to day conversation and banter with each other and staff. There were a selection of wines and spirits available for those who chose to have them with their meal.

We were told by the people we spoke with that they found the food good, and that there was always a choice. One person said, "The food is very good here. There is a good choice each day and I always get enough and if I want more I can have it." Another person said, "The food is really nice and there is plenty of it. I can always get more if it's something that I like. The dining room is really nice and I can have a sherry with my lunch if I want to." A relative told us that they were able to enjoy the food with their family member each week at the home. They said, "The food is very good here and I come to have lunch every Sunday with my [family member] which is really nice for us both. It is the highlight of my week."

People told us and we observed that they had access to plentiful amounts of drinks and snacks. One person said, "They [staff] always make sure we have a drink and a snack when we want one."

We spoke to the catering staff at the home. We found that they knew about people's dietary preferences. Details were kept in the kitchen of any specialised diets that people required. Kitchen staff told us that there had been a delay in receiving information of one persons amended dietary needs recently which meant there was a risk they may have prepared the wrong food for the person. However, when we spoke with the registered manager and regional manager about this they took immediate action to rectify this.

People received support to keep them healthy. They were able to access the appropriate healthcare support such as the GP, speech and language therapist and community nurse to meet their on-going health support needs. One person told us, "If I need a doctor I can see one at any time and I see a chiropodist on a regular basis which is good. They [staff] are arranging for me to have an eye test here soon." Another person said, "The GP comes every Monday and I can see them if I need to." Relatives we spoke with were also confident that their family member received appropriate healthcare support. One relative said, "The medical access is very good here and I have no concerns that if my [relative] needs any help it will be there for her."

Good

Is the service caring?

Our findings

People told us and we observed that they were supported by kind and caring staff. One person said, "The staff here are carers who care and that says it all!" Another person said, "Everybody [staff] here is very caring. Nothing is too much trouble for them. They understand me and how I like things done." A third person told us, "The care I get here is very good. I get on really well with the staff and nothing is too much trouble for them. They are all very friendly and bring a smile to my face. I am able to choose what I want to do and when I want to do it."

Relatives were equally enthusiastic about the care their family members were receiving. One relative said, "What was important to me was not so much the building here but the quality of care my [family member] was going to get. We felt that it was provided here and that is what we have found. I am able to visit whenever we want to and it seems that our [family member] is very happy here."

People told us they felt treated with respect and that staff were kind to them. One person told us, "They [care staff] are all very polite and treat all of us with respect." Another person said, "The staff really look after me well, much better than it was before. They are all so respectful and helpful." Relatives were also complimentary about the respect their family members received. One relative told us, "My [family member] has settled well here and is really happy with the care he is getting. We see the care in action, everyone is so polite and friendly which makes us feel comfortable with [family member] being here."

We observed that all staff engaged with people in a friendly and respectful manner. For example, we saw one member of staff reassuring one person who was not feeling well. They took time to listen to the person and understand their concerns. The staff we spoke with demonstrated a good understanding of the people they supported. They told us with enthusiasm about the people they cared for and their likes, dislikes and preferences. Staff knew people well and spoke about them kindly. Where people did not speak English as their first language, staff approached them consistently using the same short phrases and we saw that the person responded to staff positively and recognised what was being communicated.

Care records showed that people's care was based on their individual needs. We viewed four people's care plans and saw that the information within them was up to date and relevant to the person the care plan belonged to. We found, where the current provider had completed them that a full assessment of people's likes, needs and preferences had been completed prior to them moving to the home. Care plans helped staff to understand what care people needed and to get to know people as individuals. A staff member we spoke to told us, "I am a key worker. As a key worker we review the care plan with the person it belongs to. We go through it, make any changes and speak to the person to make sure they are happy with it and see if there is anything they wish to add."

People were involved in decisions about their care. Choices were given such as people's preferred use of their name, whether to take part in an activity or not and whether people wished to eat in the dining room or their bedroom. We were told by one person, "They [staff] are all so polite and they use my first name which I like." Another person said, "Everybody [staff] here is very caring. Nothing is too much trouble for them. They understand me and how I like things done. I like the way they use my first name and they don't talk down at you." Another person said, "They [staff] provide the care I need and want and take account of my personal needs and preferences. They [staff] are all very polite. I am able to choose the way I want to live in the home and that makes me feel very comfortable."

We observed that staff knocked on bedroom doors before they went in and that doors to bedrooms were closed when personal assistance was being provided. Staff we spoke with confirmed that they always respected people's privacy. One staff member said, "We always pull peoples curtains when we help them with their personal care, we close the door of course too and cover them up as much as possible."

It was evident that family members were encouraged to visit the home when they wished and were also made to feel welcome. One person described to us about their family visiting them. They said, "I am able to have my family come round at any time which is really nice." Another relative told us, "I am able to visit [family member] every afternoon. I also come and have Sunday lunch with her which is like being at home. It has improved a lot here since [relative] moved in."

Good

Is the service responsive?

Our findings

People and their relatives told us the service was responsive to their needs and they were listened to. One person said, "They certainly know what I like and make sure I get it. They remember that I only like coffee as a drink. They also make sure my room is kept how I like it." Another person told us, "They are very good at making sure that things are done the way I like it. They make sure that my room is kept the way I would have it at home." A third person said, "They really understand me and how I like things. When they took over the home they knew that I wanted go back to my old room which they made happen, so I am now really happy. They even put in new curtains for me." Another person told us about how their preferences were met, "I have only been here for a short while but they [staff] really understand my likes and dislikes. They know I like a small whisky with my lunch and it's always there for me."

The provider told us on their provider information return (PIR) that before people moved into Laurel Lodge, an assessment of their needs and preferences had been completed with them to ensure that their preferences about how they wished to be cared for were included. One person said, "I am able to choose what I want to do and when I want to it. Organising the planning for my care was easy to do and I am able to change what I need whenever I want to."

Care plans were in place to give staff guidance on how to support people with their identified needs such as personal care, communication, nutrition and with mobility needs. These had been regularly reviewed by the registered manager or senior staff and were audited to establish whether the information was up to date and reflective of the person's changing needs. The reviews enabled the staff to be responsive to people's changing needs.

The people living at Laurel Lodge Care Home accessed activities in the home. Activities included entertainers, exercise classes, games, quizzes, karaoke and manicures. We observed one of the activities classes during the morning of the first day of our two visits and an outside entertainer singing to people in the afternoon. On both occasions the atmosphere was friendly and encouraging and we saw people were smiling and very engaged in the activity.

The home benefited from an attractively decorated hairdressing salon and nail bar which people could access. Whilst they were there they could also enjoy a range of chocolates and magazines. One member of staff had designated time in addition to their care duties to provide a nail bar service to people. They told us, "It brightens up people's day. I enjoy seeing their faces light up. They have their nails done, a tea or coffee and chocolate. We have lots of chit chat, it's a little community going on here!" This member of staff also told us how they provided this to people who were being looked after in their own rooms but still wished to have their nails manicured and painted.

People were encouraged to express their views about the service and were given information about how to make a complaint. People told us that they knew how to make a complaint and they felt confident that any concerns would be dealt with. We were told by one person that they had spoken with the registered manager about a concern they had. They told us that their lunch time meal used to be served on a plate that had not been warmed. They said that since they had voiced their concerns this had improved. We asked the registered manager about this and they were fully aware of the persons request and had taken action to rectify it. Another person told us, "I certainly have no complaints and they listen to what you say."

Relatives we spoke with also told us that they were aware of the provider's complaints procedure and would know how to complain if they deemed it necessary. However they told us they did not have any complaints and were all very happy with the care. One relative said, "My [family member] has settled well here and they [staff] really understand how [family member] likes things done which makes us feel comfortable. We have made no complaints and cannot foresee any reason to complain." Another relative said, "We have no complaints. The care has been excellent and the change with my relative has been really positive and she always says that things are very good here."

Good

Is the service well-led?

Our findings

The home was purchased by the current owners Black Swan International in August 2016. At the time of our inspection there was a registered manager in place. The manager registered with CQC in December 2016.

At this inspection we found that there had been significant improvements made to the safety of the premises and enhancements made to the environment. We received positive feedback from people, their relatives and staff about the improvements to the quality of care that had been made at the home since August 2016.

The registered manger was supported by a deputy manager and a regional manager. People and their relatives told us they were happy at the home and with the leadership there. One person told us, "I am happy here. They [staff team] are a good crew who do anything for you. The staff are so supportive, the manager is very good and the changes that are taking place are making this a much better place." Another person said, "The staff and the manager know how to make this a happy place."

Staff were complimentary about the leadership of the home. One staff member said, "The [registered] manager is really approachable. Any concerns and she will try and solve it." Another said, "The management team are approachable. I see the higher up management [regional manager] here too. I could go to any of them if I needed to." The registered manager told us they felt well supported by the regional manager who visited the home on a frequent basis. The regional manager spent time speaking with people and carrying out audits to assure themselves that people received safe, good quality care.

The management team appeared to know the people living at the home and the staff well and had a visible presence. We saw the registered manager interact frequently with people in a natural and caring manner. Staff told us about the culture and values of the home. One staff member said, "It has a homely feel here. I feel part of a team. It's a pleasure to work here, it really is. I can see myself working here for a very long time." Another said, "This is a warm friendly place. It's hard work but lovely too and always fun."

Systems were in place to monitor and improve the quality of care provided to people. The registered manager and deputy manager carried out a number of regular audits and checks including audits of health and safety, infection control, care plans, medicines, equipment, security, mattresses, nutrition, and accidents. These were reinforced by the additional audits and checks that the regional manager undertook. The provider also employed a peripatetic service auditor who had carried out audits at the home. We observed that where checks had picked up shortfalls, action had been taken to address these.

Staff said they were well informed about matters affecting the home. The registered manager and regional manager told us there were staff meetings and meetings for people living in the home. Records confirmed this was the case. Staff told us that the staff meetings were an open forum where they could contribute and express their views and opinions on matters affecting the home. People had opportunities to give their views and suggestions about the home at residents' and relatives meetings. There was a range of topics discussed at the meetings which included discussion in areas such as seeking people's feedback on the service they received, activities available and reminders given to people that they can access drinks and snacks at any time between meals. One person told us about the meetings and they said, "The senior staff always asks if everything is alright and we have regular residents meeting with the manager, where we can raise any issues." This gave the people living at the home, their relatives and staff the opportunity to be involved in the running of the home and to be consulted on subjects important to them.

Questionnaires were sent out to people and their relatives to ask for their feedback and views about the service they received. These had been sent out during November 2016. We looked at the 10 completed forms that had been returned and saw that the feedback was largely positive. Where a person or their relative had raised a query or concern, we saw that this had been responded to appropriately and action taken where needed.

Records, and our discussions with the registered manager, showed us that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.