

Polesworth Group Homes Limited

Polesworth Group Laurel End

Inspection report

Laurel End, Laurel Avenue
Polesworth
Tamworth
Staffordshire
B78 1LT

Tel: 01827896124

Website: www.polesworthhomes.co.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Laurel End is a residential care home providing personal care to up to 9 people. The service is registered to provide personal care and support to people with a learning disability or autistic spectrum disorder. At the time of the inspection the service was supporting 9 people who were receiving personal care.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's freedom was not unnecessarily restricted, and people were not physically restrained.

People's support was provided in a residential care home. Checks were undertaken by the management team to ensure the home was safe, clean, equipped and maintained. Any maintenance issues were escalated to the maintenance staff member.

Staff worked with people, their relatives and health and social care professionals to maintain people's overall health and wellbeing. Staff supported people to take their medicines safely and as prescribed.

Right Care

People were supported by staff who knew them well and were kind toward them. People's safety and care needs were identified, their care was planned, and their needs were met. Staff understood how to protect people from abuse and were confident the registered manager would take action to protect people, should this be required. Robust recruitment checks made sure staff were of suitable character to support people.

Right Culture

There was a positive and person-centered culture at the service. People and relatives had opportunities to share feedback on the service. Staff were involved in sharing feedback through meetings and feedback forms. Staff felt valued in their roles.

The positive culture meant people received care that was tailored to their needs. The registered manager and chief executive officer operations undertook safety and quality checks on people's care and used their findings to improve the quality of the service and to take learning from any incidents that occurred.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 December 2017).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Polesworth Group Laurel End

Detailed findings

Background to this inspection

Inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Laurel End is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Laurel End is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection. We used all this information to plan our inspection.

During the inspection

We spent time with 8 people using the service and 6 shared their feedback with us. We gained feedback from 7 relatives through telephone conversations. We spoke with 4 care staff, the registered manager and the chief executive officer. We reviewed 2 people's care plans, risk assessments and medication administration records. We reviewed 2 staff files to review the recruitment methods in place. We looked at a range of policies, audits and systems in place that monitored the safety and quality of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated good. At this inspection this key question has continued to be rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Staff knew people well and how to minimise risks. Staff were able to give us examples of identified risks and how they managed these. One staff member told us, "[Name] can get anxious about things, so we talk softly, and this calms them."
- Some people had health conditions that posed potential risks to their wellbeing. One staff member told us, "Some people living here have epilepsy. The important thing is to maintain [Name]'s safety, time their seizure, call for help if needed and reassure them."
- Some people had an identified risk of choking. Staff were aware of guidance provided by a speech and language therapist, and this was followed. Staff knew the first aid action to take in the event of a person choking.
- People had care plans and risk assessments in place. Staff felt these gave them sufficient information in managing identified risks.
- The premises protected people from the risk of harm from fire. There was a maintained fire alarm system and a sprinkler system in place which would prevent the spread of fire in the home.
- People had personal emergency evacuation plans (PEEPS). However, these were not always robustly written. The chief executive officer told us people's PEEPS would be reviewed so guidance to staff was clear.
- Some staff had not taken part in fire drills. We discussed this with the registered manager, who agreed to take immediate action to ensure all staff completed a scenario-based fire drill before the end of December 2023.

Using medicines safely

- People were supported by trained staff in the safe administration of their prescribed medicines. Medication Administration Records (MARs) showed people received their medicines as directed.
- Staff's skills in the safe handling of medicines were assessed and 'competencies' were completed to ensure staff followed safe practice.
- Some people had medicines prescribed to be taken 'when required' and protocols were in place for staff to refer to. These informed staff of maximum dosages to be taken in a 24-hour period.
- We found medicine stock, for November 2023, had not been carried forward on people's MARs. This meant there was no accurate record of current stock. Previous records showed stock had been carried forward and where checks on medicine records had identified improvement was needed, this had been addressed. The registered manager told us they would take immediate action to address this and ensure staff consistently recorded any 'carry forward' stock of medicines.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and were well looked after. Relatives spoken with felt their loved one was safe living at the home. One relative told us, "I am more than satisfied with the staff and their experience is second to none."
- People were supported by staff who had received training in safeguarding people from abuse. Staff told us they had no concerns about abuse, but they would report anything straight away if they had a concern.
- The registered manager and provider understood their responsibilities to notify external agencies including the local authority and Care Quality Commission (CQC) about allegations of abuse. Where incidents had occurred, these had been reported as required.

Staffing and recruitment

- Staff were recruited in a safe way. We reviewed 2 staff employment records, each contained pre-employment checks and employment histories.
- DBS (Disclosure and Barring Services) checks had been undertaken, and these were dated before the staff's recorded start of employment date. Rights to work in the UK had been explored and recorded. A DBS provides information about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were sufficient staff on shift to meet people's individual needs. The registered manager told us, "There have been recruitment challenges, but this is a nation-wide issue. We do not use any agency here, and if needed I will cover a shift. Things are now much better with some recent recruitment of new staff."

Preventing and controlling infection

- There was a programme of maintenance to ensure the home remained in good décor. Staff told us any repair issues could be reported and a maintenance staff member was available to remedy faults.
- There was an infection prevention and control policy available to staff to refer to. Staff were trained in infection prevention and used personal protective equipment (PPE) when supporting people with personal care.
- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- The home was clean and there was evidence of regular cleaning being undertaken.
- Staff wore Personal Protective Equipment (PPE) in line with current guidance.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

Learning lessons when things go wrong

- Systems and processes were in place so that lessons could be learned from, for example, accident and incident analysis.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated good. At this inspection this key question has continued to be rated good. This meant people's outcomes were good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to care and support being provided. Initial assessments were completed with the person, their relatives and other healthcare professionals involved in their lives. Assessments included people's cultural, spiritual and communication needs.
- A transitional process enabled people to move into the care home. Some people had previously used the provider's service for short stays and had got to know other people. This promoted an effective and successful move into their new home.
- Staff conversations showed they knew people well and how they liked to be supported.

Staff support: induction, training, skills and experience

- Staff received an induction and training. Staff who had worked at the home for some time felt they had completed all the training they needed, and this was confirmed by people's and relative's feedback to us. One relative told us, "I think staff are well trained."
- One staff member, who had recently started working at the home told us, "I haven't completed all my training yet, but am working alongside experienced staff. It is going well, and I am enjoying it."
- Staff received supervision and told us they felt supported by the management team. Staff felt listened to and valued in their role.
- On-call support was available to staff. All staff spoken with told us they felt supported, and that support was readily available if needed. One staff member told us, "I have no concerns about doing the 'sleep-in' night shift. I've not needed to phone the on-call but know I could if needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their nutritional and hydration needs. Staff knew what people's preferences were and how to support people.
- People told they enjoyed the food and drink at the home and received the support they needed. One person told us, "Staff support me with eating and drinking. I like to have juice and coffee. The staff help me cut up my food."
- Relatives had confidence in staff supporting people with their dietary needs. One relative told us, "The food and drink is fabulous. I have every confidence in staff regarding food preparation and helping [Name] if required."
- Some people were supported by staff to visit a health setting to have their weight monitored. This helped staff support people with healthy option choices of food and drink.

Staff work with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager and care staff worked with information and guidance given to them from healthcare professionals including speech and language therapists, district nurses and GPs.
- Requests from GPs was followed by staff related to people's care. For example, one person's GP had requested specific information be recorded by staff following a medication review and reduction in a dosage.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

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- The provider and staff were working within the remit of the Mental Capacity Act.
- The chief executive officer had recognised care records related to consent, mental capacity and deprivation of liberty would benefit from being more robustly written. Prior to our inspection visit, managers had attended a training day on the Mental Capacity Act and DoLS to refresh and update their knowledge. Plans were in place to review and update existing care records related to these areas.
- Staff understood the importance of gaining consent. Staff gave people choices and supported them to make decisions about their day to day care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated good. At this inspection this key question has continued to be rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People told us staff were caring toward them and we saw this in staff's approach with people during our observations of interactions between people and staff. One person told us, "I know who the manager is and if I had any problems I would talk to her, the staff are kind to me."
- Staff enjoyed their role in supporting people. One staff member told us, "I enjoy coming to work, I worked in care before but this is the best home I have worked in."
- During initial assessments, people were given opportunities to share information about protected characteristics under the Equality Act 2010. This meant people's equality and diversity was respected.
- People could express a choice in the gender of the staff supporting them. One person told us, "I like the staff here, I feel safe with them all of the time, they are very respectful, I like female staff to look after me and this is always the case."

Respecting and promoting people's privacy, dignity and independence

- Staff respected and promoted people's privacy. Staff knocked on bedroom doors before entering.
- Where people were supported with personal care, staff gave us examples of how they maintained people's dignity. One person told us, "Staff help me with my shower every morning, I feel everything is done very well at the home, I like it here."
- People's independence was promoted. One relative told us, "[Name] likes to empty the tumble drier and washing machine, staff always help them to do this, and I feel this has a very positive effect."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated good. At this inspection this key question has continued to be rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- An initial assessment of need took place which was used to create a personalised care plan.
- People's day to day care and support was tailored to meet their individual needs and preferences.
- Whilst care plans did not always record people's or their relative's involvement in agreeing their care, both people and relatives felt included. One relative told us, "I have been involved with all aspects of care planning, the manager will invite me to meetings, and I attend as and when I can, I do not have a copy of the current care plan, but feel very confident that I would be kept informed if any changes were due to be made."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers', get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs had been assessed and staff knew people well and how to respond to non-verbal communication. When 1 person became upset in the dining room when being supported with their lunch, staff supported this person to move to a quieter area where they then enjoyed their lunch.
- Staff had a good understanding of the importance of clear communication. A staff member told us, "It's important we speak clearly with people and observe their body language, so we know how they are feeling."
- The provider had ensured information was made available to people in accessible formats. This included an accessible format version of their plan of care.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People felt supported to take part in activities they enjoyed. One person told us, "I go to church to do knitting at the 'knit and natter club', I go on the minibus and meet other people who also do knitting." Another person told us, "I like the staff here, they understand me and look after me very well. They give me my magazines and annuals while I watch TV." A further person told us, "I like going out for fish and chips and the staff take me once a week."
- Staff enabled people to maintain important relationships to them such as with their relatives.

Improving care quality in response to complaints or concerns

- People and relatives spoken with had no complaints. People and relatives were complimentary about the

staff and the service. One relative told us, "If I have any complaints or issues which I never have had, I am sure the manager would sort it out for me."

- There was an accessible complaints policy available to people and their relatives. The registered manager told us any complaints would be used as a way of learning to improve the services they provided.

End of life care and support

- End of life care and palliative support was not currently provided to anyone. We have therefore not made a judgement on this part of this question during this inspection.

- The registered manager told us that should a person's health deteriorate, they would support the person's wishes and work alongside healthcare professionals in caring for the person.

- Where people had a REsPECT form directing Do Not Attempt Cardiac Pulmonary Resuscitation (DNACPR), these had been signed and reviewed by a healthcare professional.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated good. At this inspection this key question has continued to be rated good. This meant the service was consistently managed and well-led. The culture promoted high-quality, person-centred care.

Managers being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes were in place to check the safety and quality of the service. Some checks were delegated to senior care staff and the registered manager had oversight of these and undertook her own checks as well.
- Where the need for improvement was identified, actions were taken.
- Provider oversight took place to ensure audits completed accurately reflected the safety and quality of the service. Where the chief executive officer's checks had identified issues, immediate actions were taken. Where actions were delegated to the registered manager a robust timescale for action was given.
- Competency assessments took place to check staff had the skills they needed to undertake tasks.
- Health and safety checks were undertaken on the premises. These included emergency lighting tests. However, checks had not identified a floor plan of the premises was missing from next to the fire panel. Whilst a floor plan was available in an office folder, this posed potential delays in an emergency. The chief executive officer assured us immediate action would be taken to address this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their legal responsibilities under the duty of candour. They worked in collaboration with other health care professionals in supporting people.
- The registered manager understood when statutory notifications about specific events should be legally sent to us, and we had received these when required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives felt they were able to speak with staff and the registered manager to give feedback and felt engaged in the service.
- The provider gave people, relatives and staff opportunities to share their feedback. Staff meetings took place and staff told us they felt they could share their views.
- The provider also undertook a staff feedback questionnaire and analysis of this was positive.

Continuous learning and improving care; Working in partnership with others

- The registered manager and care staff worked in partnership with other healthcare professionals involved in people's care. This included GPs, occupational therapists and speech and language therapists.

