

Creative Support Limited

# Creative Support - The Laurels (Cumbria)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Laurels is a residential care home for up to 29 older people and people living with dementia. There were 21 people in residence when we inspected. It is operated by Creative Support Ltd who provide residential homes and community support to people throughout England. People had single bedrooms but some rooms could be used as doubles. There were suitable shared facilities and a pleasant garden.

### People's experience of using this service

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 told us they felt safe. Staff understood their responsibilities in protecting people from harm and abuse. New members of staff had been suitably vetted. Accidents and incidents were responded to appropriately. Staffing arrangements were under review to ensure there were enough staff to meet people's needs. Medicines were suitably managed.

Staff had a good understanding of individual needs and wishes. The staff team had suitable training and experience in their different roles. Good attention was paid to health needs and people had their nutritional needs met well. People told us they enjoyed their meals and special diets were catered for.

The staff team were caring and supported people in a dignified way that also supported them to be as independent as possible.

Care planning ensured that people had the right levels of care and support. People told us they had plenty of activities and entertainments in the home. The home had employed an artist in residence and there were plans to do this again as people enjoyed this so much. Visitors were made welcome and people went out with family or with staff.

The home was managed by an experienced and suitably qualified registered manager. Senior managers of the company gave her, and the staff team, regular support. Quality was monitored and improvement made as a result. A staff member said, "If I need anything for the residents it is no problem, the management respond quickly which means I can do things that they want."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

Requires improvement ( Published 15 March 2019 ).

Why we inspected:

This was a planned inspection based on the previous rating

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

We always ask the following five questions of services.

### **Is the service safe?**

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** ●

# Creative Support - The Laurels (Cumbria)

## **Detailed findings**

## Background to this inspection

### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

### Inspection team

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

### Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with 15 people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager and her line manager, the service director, the deputy manager, care workers, the activities organiser, housekeeping staff and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment, training and staff supervision. A selection of records relating to the management of the service, including rosters, meetings with staff and quality audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received comprehensive information about the proposed building work. A professional who regularly visited the service gave us some feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from harm and abuse.
- People said they felt safe. One person said, "I'm very comfortable and very safe." Another said, "I feel absolutely safe here."
- Staff were knowledgeable about protecting adults and told us they had regular training updates and the contact details for making referrals to outside agencies.

Assessing risk, safety monitoring and management

- Risk was lessened and people were kept as safe as possible because management had identified potential and actual risks, and had made changes as necessary.
- Detailed risk assessments were in place related to the environment, delivery of care, moving and handling, trips out, fire and food safety. These had been regularly updated and risk management plans were in place. We identified a risk and this was dealt with swiftly on the day of the inspection.
- We spoke with a senior manager who discussed the improvements needed and confirmed that the company had invested in change and would continue to make changes as quickly as possible.

Staffing and recruitment

- Staffing levels were monitored and recruitment completed effectively, following legislation and the provider's procedures.
- Staff recruitment was underway to continue to strengthen the staff team to continue to meet people's needs. The manager reviewed people's needs on a regular basis and found ways to ensure there was enough staff on duty at key times of the day. Staffing levels had improved and now reflected the support people needed and wanted.
- People said, "The staff are very good...". People felt there were usually enough staff around.

Using medicines safely

- Medicines were now appropriately managed. The system for managing medicines was under review to ensure continued safety.
- Medicines were stored securely, closely monitored, ordered, administered and disposed of safely. People had regular reviews of medicines to make sure they had the right medicines for their needs. Individual storage boxes were in bedrooms so staff had ready access to creams and ointments. This also allowed people to self-medicate. We observed medicines being administered appropriately.
- One person said, "Yes it comes on time, I need it for my blood pressure." Reviews of medicines and appropriate administration helped people. A relative said of a new person, "Since [my relative] started on

medication for a problem, things are much better now".

#### Preventing and controlling infection

- Suitable arrangements were in place to prevent cross infection. The team were aware of potential risks.
- The home was clean and fresh on the day of our visit, with suitable equipment and materials in place. The senior team monitored infection control and used appropriate procedures to reduce the risk of cross infection.
- Plans were being put into place to ensure that any outbreaks of infection would be handled appropriately and risks reduced. We observed staff carrying out good hand washing and using protective clothing appropriately. Deep cleaning of carpets was completed shortly after our visit.

#### Learning lessons when things go wrong

- Adopting a lessons learned approach had been taken to resolve some areas that had needed to be improved, with good effect.
- Risk assessments had been improved and were now detailed and gave guidance for lessening risk. Errors in medication management had been resolved and infection control matters improved.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were suitably assessed and their choices respected. This was done in line with standards, guidance and the law.
- Detailed assessments were completed prior to admission and this was ongoing, ensuring people's changing needs were understood. The registered manager said she was careful about being able to continue to meet people's needs so that everyone in the home could get the best possible care and attention.
- People said, "They ask me all the time if I need anything else" and "I can do what I chose."

Staff support: induction, training, skills and experience

- Staff were supported through induction, support and ongoing training. The staff were experienced and committed to caring for older people.
- One member of the team confirmed she had been inducted, trained and supervised, "As a fairly new member of staff I have settled in well to this home, it is homely and relaxed and happy."
- We saw the record of training completed and this showed that staff received mandatory and specialist training in skills ranging from moving and handling to care of people living with specific conditions, like dementia.

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

- People were supported to have a nutritious and well-balanced diet and helped to keep well hydrated
- The chef had a good understanding of the nutritional needs of everyone in the home. The kitchen, although small, was well organised and plans were in place to improve the space. Special diets were prepared and the care staff monitored people's weights and any swallowing difficulties. Menus were adapted to meet needs and preferences.
- We observed people eating a well presented and nutritious meal. People said they had, "Luxury food" and "Good, home cooked food".

Staff working with other agencies to provide consistent, effective, timely care

- The home had close working arrangements with health and social care professionals, ensuring people received suitable care and support.
- The records showed that people were supported to access specialist health care and social work support.
- A professional told us, "I have always had positive interactions with the Laurels" and felt that the staff

worked well with social care and health professionals.

Adapting service, design, decoration to meet people's needs

- The provider was working towards improvements to the environment to allow the design, décor and services to meet people's needs in a consistent way.
- The home was an older building that had been adapted to provide accommodation for older adults. People told us they were generally happy with the environment. Several people commented on how nice their bedrooms were in the older part of the house. One person said, "I couldn't live on my own so I looked at a few places but liked here because it felt homely."
- A new call bell system had been installed, external gas and water supply had been upgraded and improvements made to several areas of the home. We saw detailed plans of the major building and renovating work that was due to commence. These plans were put on hold due to the corona virus crisis.
- One area identified was an upgrade to the central heating system. On the day of the inspection the heating was not working effectively but an engineer visited and further risk management was put in place to ensure people stayed as warm and safe as possible.

We recommend that the lead inspector be kept up to date with the progress of the building work once the crisis has passed.

Supporting people to live healthier lives, access healthcare services and support

- The team ensured that people could consult health care providers and were given the right kind of support to ensure they stayed as healthy as possible.
- We met people who told us they felt well and had good food, good health care and the right kind of support when they had health care needs, Records showed regular visits from chiropodists, GPs, community nurses, dentists and other specialists.
- One person said, "I am fine...they get the doctor when I ask or if I am ill." A relative told us their family member's health was much improved since admission.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Consent to care and treatment was sought in line with good practice and the law. Deprivations of liberty were managed in the least restrictive way possible.
- People told us they were asked for consent and encouraged to stay as independent as possible. One person said, "I go out a lot and have my independence to come and go as I like." We observed staff asking for

consent before any interactions, and reassuring and reminding people who found decision making difficult.

- People were asked for consent and, if necessary, their capacity had been assessed. Detailed records relating to 'best interest' meetings and DoLS authorisations were in place.

# Is the service caring?

## Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated in a caring and appropriate way and due consideration given to different cultures and beliefs.
- People told us the staff were "Lovely", "Very good" and "Nice". Two people from different cultures lived in the home. One had a key worker who spoke the person's first language and this person was, "Happy here" and had contacts with a cultural group. Another person was very new to the home and the staff and family were working together to make sure this person's needs were being met.
- One person said, "I settled in here very quickly, I like the staff and everything is done for me. I'm very comfortable, well looked after." Another person said, "This is good, much better than home and they are like my family."

Supporting people to express their views and be involved in making decisions about their care

- People in the home were consulted individually and in groups to ensure they were as fully involved as possible in the care and services provided.
- People were very happy to engage with us, showing that they were assertive and used to making their views known. Staff asked people for their opinions during the day and followed people's requests. One person said, "I can have my say...no bother ... and they listen and do what I want."
- People and their families, where appropriate, were involved in reviews of their care and in making decisions about care and treatment. The registered manager held residents' meetings. People told us that they were fully informed and involved in the planning for the major building work, décor improvements and in planning for activities, entertainments and in menu planning.

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with empathy. Considerate care was given to ensure privacy and dignity. Independence building was evident in the service.
- We noted that one person had been supported to improve their mobility and self-care skills with a good outcome. Another person told us that they were helped to maintain their hobbies and their normal routine of going out daily to follow this hobby.
- People told us they were given privacy and supported to maintain their dignity when being helped with personal care. We observed staff treating people with discretion, empathy and genuine affection, which supported them to retain their dignity.

# Is the service responsive?

## Our findings

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

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

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

- Suitable care planning was in place and we found care was delivered appropriately to give people the support they needed and preferred.
- People had detailed assessments of risk and need and suitable care plans. The registered manager had worked on these to ensure they gave staff a good understanding of people's needs, aspirations and wishes. Where people had special needs the team took the advice of health and social care professionals.
- One person told us, "They write down what I need and they follow it and write up every day how I have been." A relative of a new person with cultural and spiritual needs told us that the staff had asked them to help their relative to "set out" what was needed and they felt the staff were "working on" developing a full care plan. Another relative told us, "My relative is deteriorating [due to age and ill-health] but is better looked after here than at home".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met because the registered manager and the provider had suitable systems in place.
- The registered manager had networks in place so she could access specialist forms of communication if necessary. This included access to training and support for sign language, pictorial presentations and specialist IT and other tools.
- No one in the service had pressing communication needs but people living with dementia were guided to use signs to orientate themselves.

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 were given full support and encouragement to maintain relationships and be involved in interesting, meaningful and creative activities.
- People enjoyed entertainments and activities like music and movement and concerts. They joined in with crafts and painting and people spoke about the interesting things they had done last year with the artist in residence. Some people visited galleries and exhibitions. Plans were in place for a sensory garden and raised beds for growing vegetables.
- One person with different cultural needs told us, "I get communion brought to me on a Friday. I don't go to

church as it's difficult [due to health needs] but God is everywhere, I pray in my room." People spoke enthusiastically about the activities on offer and told us their families and friends were able to visit and were made, as a relative told us, "Very welcome here...it's just like home."

Improving care quality in response to complaints or concerns

- The provider had a suitable policy, responded to complaints quickly and made changes when necessary.
- We had received a complaint that we asked the provider to look into. This was done swiftly and thoroughly and changes put into place to prevent a re-occurrence.
- One person told us they had complained about some environmental issues. They told us the registered manager had explained the problem was due to the building work that had started. They were pleased that the registered manager had found a way to work round the issue in the short term to their satisfaction.

End of life care and support

- The service had suitable systems in place to give people, and their families, care and support at the end of life.
- Staff had received training and told us they had good levels of support from local health care providers when people were near the end of life. We saw some 'thank you' cards from families who were pleased with the care afforded to their relative and to themselves as a family.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- This home was run on the principle of the house being people's home and people were included and empowered to be part of all aspects of the service.
- The home is managed by a suitably qualified and experienced registered manager who told us that senior managers gave her regular support. Two senior managers were visiting the home during the inspection.
- People said The Laurels was "homely", "Just like home" and that they were fully involved in what went on in the house. Staff said that they were happy with the culture and that they understood that the happiness and well-being of people was the focus of the service. A professional said, "The team have demonstrated their commitment to meeting the needs of the individuals they are supporting."

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 duty of candour was followed in this service with the provider and the management team fully aware of their responsibilities.
- People and their relatives told us that the registered manager and the team were open with them.
- The registered manager ensured that she notified CQC and the local authority in a timely way of any accidents or incidents.

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

- The provider, the registered manager and the staff were fully aware of their responsibilities and were committed to running a high quality service that met with regulatory requirements.
- The registered manager continued to work with the provider's quality monitoring systems. External checks were completed by senior managers. The registered manager and the deputy manager ensured they completed all audits to make sure things were running smoothly. We saw the annual quality report, and as a result of this, changes were planned for the environment and for systems in the service.

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

- Good systems were in place to engage with people, the public and staff both formally and informally.
- People and their families received regular surveys and these were analysed and changes made. Meetings were arranged and informal discussions held with people, their visitors and visiting professionals.

- People confirmed they were treated fairly and any equality characteristics were taken into consideration.

Continuous learning and improving care; Working in partnership with others

- The home had a focus on improving care through quality monitoring, listening to people, training staff and developing the team.
- The provider had policies and procedures in line with Health and Social Care Act 2008. The registered manager had taken advice from other professionals and had kept up to date with current good practice.
- A social care professional said, "I have always had positive interactions with the Laurels and have felt reassured by their responsiveness. Queries have always been resolved quickly and efficiently."