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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 ●

Summary of findings

Overall summary

The Laurels is a residential care home for people living with dementia. The accommodation is spread over two floors with the main communal areas situated on the ground floor. The home is registered to support up to 23 people. At the time of our inspection there were 20 people living in the home.

At the last inspection on 20 November 2014, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive their care and support from sufficient numbers of staff that provided their care in a way that maintained their safety. People could be assured that they would receive their prescribed medicines safely. Staff were knowledgeable in the steps that they should take if they felt people were at risk of harm and were confident in taking action to safeguard people.

Staff had received the training, support and supervision that they needed to provide people's care. People were supported to eat and drink enough. Staff worked closely with people's allocated healthcare professionals and made referrals promptly to other professionals or agencies when required.

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had developed positive relationships with the staff providing their care and could be assured that they would be treated with dignity and respect. People were involved in the planning of their care and the care that people received was tailored to their individual preferences.

People knew how to make a complaint and were confident that appropriate action would be taken in response to their feedback.

The management team was visible throughout the home and the registered manager who was also the provider knew people well. Staff felt well supported, understood and articulated the registered managers vision for the service and provided consistently person centred care and support to the people living at The Laurels.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 16 August 2017 and was unannounced. The inspection was carried out by one Inspector.

Before our inspection, we reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. 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. We used this information to help us plan our inspection.

During the inspection we spoke with five people who used the service and three of their relatives. We spent some time observing care for six people to help us understand the experience of people who lived with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four members of staff including three care staff and the registered manager who was also the provider. We reviewed the care records of three people who used the service.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People continued to receive care and support from staff in a way that maintained their safety. One person told us "I always feel very safe here. I didn't when I lived at home but now that I am here I know I'm safe." One person's relative told us "[Relative] is always well cared for and I know 100% that she is safe here." Risks to people had been assessed and were regularly reviewed. People had plans of care that had been developed to provide guidance for staff in reducing the known risks to people.

There were sufficient numbers of staff that had been subject to appropriate pre-employment checks working in the home. One person told us "There are enough staff here. We don't have to wait long if we need help or want something to drink." One person's relative told us "I visit regularly and there are always enough staff working." The registered manager monitored staffing levels closely and we observed that there were sufficient numbers of staff working within the home to provide people's care and support.

People could be assured that they would receive their prescribed medicines safely. One person told us "The staff always come and give me my tablets with my breakfast. They sort all my medicines for me." Staff had received the training that they needed to administer people's medicines safely. A recent audit completed by a pharmacist of the way in which the home managed people's medicines had scored the home at 100%. The provider was in the process of reviewing their audits of the administration of people's medicines to strengthen this area further.

People were protected from the risk of harm because staff were confident in the action they should take if they were concerned that someone may be at risk. One member of staff told us "If I thought anyone had ever been harmed I would report it straight away to the manager or the Council. We need to make sure that people are safe."

Is the service effective?

Our findings

People received care from staff that had the supervision, training and support that they needed to provide effective care and support. One person told us "The staff are good. They must be well trained because they know exactly what to do to help us." One person's relative told us "The staff are very professional here and are clearly well trained." A member of staff told us "I have received lots of training since I worked here. I also have regular supervisions with [Registered Manager] but I can approach them at any time if I need to discuss something."

The provider had recently employed a member of staff who was experienced at providing formal training to care staff to provide in house training and coaching that was specific to the needs of the people living at The Laurels. This new system of training had been recently introduced and was in the process of being embedded into practice.

People received the support that they needed to eat and drink enough. One person told us "The food is lovely here. There is always plenty and we have a choice of what we would like to eat." We observed that staff provided appropriate support to people who required help to eat and drink their food.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. One person told us "The doctor often comes to see me here. The staff arrange all my appointments for me. Sometimes my family will take me to appointments too if they are outside of the home."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable and experienced in the requirements of the MCA and DoLS. Formal assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been requested from the local authority. People were encouraged to make choices about their care and support and people's care was provided in line with their individual preferences. Staff had received training in the MCA and DoLS and had a good understanding of peoples' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

Is the service caring?

Our findings

There was a stable staff team that knew people well and had developed positive therapeutic relationships with the people living at the home. One person told us "The staff are nice here. I give them the run around and we have a laugh." Another person told us "The staff are very nice and very helpful here. I was apprehensive about moving into a home and it's surprised me how nice the home is. The staff really helped me settle and they made it homely for me."

People living at The Laurels continued to be treated with dignity and respect. We observed staff knocked on people's bedroom doors prior to entering and called people by their preferred name. One person told us "The staff help me to have my shower. They help me get to the shower room and then wait outside while I wash to make sure I am safe and that they are near if I need any help. I like to do it myself though."

Staff were aware if people became anxious or unsettled and provided people with support in a dignified manner. We observed that staff approached people calmly, made eye contact and held people's hand to provide reassurance.

We observed staff having meaningful conversations with people and it was clear that staff knew people well. People's individuality was respected by staff and we observed staff gently encouraging people to make choices and do things for themselves. One member of staff told us, "We encourage people to do as much as they can for themselves and to maintain their independence for as long as possible."

Is the service responsive?

Our findings

People's needs were assessed prior to moving into the service to ensure that individuals' care and support needs could be met within the home. One person's relative told us "[Registered Manager] came to see [Relative] before they agreed that they could move into the home. They found out exactly what help they needed before they moved in, to make sure the staff knew how to care for them."

People received personalised care and support from staff that knew them well. People's plans of care indicated their current needs. Staff told us "People's care plans are up to date and tell us what care people need." People's plans of care contained information about their hobbies, interests and life history to provide guidance for staff in providing consistent personalised care and support.

People's relatives were encouraged to play an active role in providing care to people. For example one person's wife chose to support staff in providing care for her husband when they visited. People were encouraged to invite their family and friends to visit them and the provider encouraged an open door policy in relation to visitors.

People knew how to make a complaint should they wish to. One person's relative told us "I have never needed to make a complaint but would certainly feel able to if I ever needed to." The registered manager told us that they had not received any complaints however; we saw there was a procedure in place in relation to the management of complaints.

Is the service well-led?

Our findings

There was a registered manager in place who was also the provider of the service. 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.

The registered manager was visible throughout the home and knew people well, we observed that people were confident in approaching and conversing with them.

There was a positive person centred, homely culture throughout the service. The registered manager aimed to create a homely environment where people felt settled, comfortable and were able to build positive relationships with the staff providing their care. Staff shared the registered manager's vision and ethos for the service and this positive culture had impacted upon people's experience of using the service in a consistent positive manner.

There was a stable staff team that felt well supported by the senior management team. The registered manager had a clear vision for the on-going development of the service and was committed to providing high quality, person centred care and support to people.

The registered manager had a system of quality assurance processes in place, that they were in the process of strengthening to oversee all aspects of the service. This and their presence and involvement in people's direct care on a day to day basis ensured that people continually received high quality care.