

Polesworth Group Homes Limited







Polesworth Group Laurel End

Inspection report

Laurel End,
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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?	Outstanding	
Is the service well-led?	Good	

Overall summary

We inspected this service on 3 March 2015 as an unannounced inspection.

The service is required to have a registered manager as part of their registration with us. 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 service provides personal care and accommodation for up to nine adults who have a learning disability. On the day of our inspection there were seven people living in the home.

People told us they felt safe living at the home. Staff understood their responsibility to protect people and how to raise concerns both internally and externally if necessary. People were provided with information and contact details so they could contact external agencies if they felt unsafe.

Summary of findings

Risks to people's health and welfare were assessed. People's care plans included guidance for staff on managing risks and supporting people positively.

There were sufficient staff to meet people's physical and diverse social needs. Staff had access to advice and support outside of office hours because there were on call arrangements in place.

The provider's recruitment process ensured staff were suitable to provide personal care to people.

There were processes to ensure the environment was maintained to minimise risks for people. Medicine storage, administration and recording was managed effectively and safely so that people received their prescribed medicine.

Staff received training to provide the skills they needed to care for people. Staff were supported by the registered manager and provider to discuss their work and personal development.

The provider understood their responsibility to comply with the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place during our inspection. The provider reviewed people's risk assessments in response to safety concerns, to

enable people to live with as few restrictions as possible. People who lacked the capacity to make important decisions for themselves, were supported by staff acting in their best interest.

People were supported to have positive, sociable mealtimes. People were offered a choice of nutritious food which met their individual preferences and health needs.

People were referred to other healthcare professionals to support and maintain their health.

Staff were kind and encouraged people to remain as independent as possible. Staff knew people well and were able to interact with people who could not communicate or express themselves verbally.

People were supported to review their care regularly with staff, to ensure it met their individual preferences and needs. Staff recognised people's diversity and supported them as individuals. There were opportunities for people to voice their opinions about the service and engage with the community they lived in.

The provider, registered manager and staff worked together as a team to provide people with a positive life experience.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to protect people from the risk of abuse and how to escalate their concerns. People knew who to speak to if they had concerns about their care and support. Risks to people's health were assessed and there were individual management plans in place to minimise risk of harm. The environment was well maintained to provide a safe environment. There were a sufficient number of suitably recruited staff to meet people's diverse needs. People's medicines were managed and administered safely.

Good



Is the service effective?

The service was effective.

Staff had received training which gave them the skills they needed to care for people. Staff understood the requirements of the Mental Capacity Act 2005 and acted in people's best interests in accordance with the Act. The provider and manager understood their legal obligations under the Deprivation of Liberty Safeguards. People told us they enjoyed their meals and the experience they gained from sitting with staff.

Good



Is the service caring?

The service was caring.

People told us they liked the staff and they were kind. We saw good communication between staff and the people they cared for. Staff were interested in people and valued their company. Staff responded in a timely manner to support people's personal needs.

Good



Is the service responsive?

The service was responsive.

Care was planned and reviewed with people to reflect their individual likes and dislikes. Staff understood what was important to people and delivered care which recognised their individuality and respected their preferences. People were provided with opportunities to engage with the community whilst taking part in hobbies and pastimes. Staff encouraged and supported people to maintain their important relationships.

Outstanding



Is the service well-led?

The service was well led.

People were happy with the care they received at the service. People were encouraged to share their opinions about the service. The provider's quality monitoring audits were used to improve the way care was provided. The provider took action to improve the quality of the service based on feedback from people who lived at the home. People who used the service, the provider, registered manager and staff saw themselves as one team, working together.

Good



Polesworth Group Laurel End

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 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 inspection took place on 3 March 2015 and was unannounced. The inspection was undertaken by one inspector.

The provider completed a provider Information return (PIR). This is a form which asks the provider to give us some key information about the service, what the service does well and what improvements they plan to make.

We also reviewed the information we held about the service including statutory notifications that the registered manager had sent us. A statutory notification is important information about the service which the provider is required to send us by law.

We spoke with six people who used the service and contacted two relatives. We were unable to speak with the registered manager as they were on holiday, however we spoke with the chief executive officer for the provider and three members of staff. We also observed the care and support provided to people in the communal areas of the home.

We reviewed four people's care plans to understand how their care was planned and delivered. We looked at three staff files to check that staff were recruited safely and received support to gain the skills required to care for people at the home. We also reviewed documents related to the management and maintenance of the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe living in Laurel End. One person said, "I'm safe, it's my home". A relative told us, "They are absolutely safe there". We saw that people wanted to spend time with staff. People laughed and joked with the staff which indicated they were relaxed and confident in their company and showed they trusted them.

The provider had taken steps to protect people from abuse. Staff had attended training in safeguarding and received regular updates to keep their knowledge current. The members of staff we spoke with explained what they had learnt in training and demonstrated a good understanding of the types of abuse people might be at risk of. Staff told us in detail what actions they would take if they had concerns for the safety of people who used the service. We saw a poster displaying information about contacting the safeguarding authority was visible to all staff. One member of staff said, "We keep a close eye on people to keep them safe. People spend a lot of their time in the community so we keep an especially close eye on them then because they might be more at risk".

People were provided with an explanation of what safeguarding meant for them. There was an information booklet in each of the care plans we looked at. The information was titled 'Things we do not want to happen to you' and gave examples of what behaviour could present as abuse, such as, 'people saying things that upset you or taking your money without your permission'. Each person had a list of outside organisations they could contact if they were worried about their care. Records showed that when people reviewed their care plans with staff they were shown photographs of the other people living in the home and members of staff so that their reaction could be observed. The provider had processes in place to ensure all safeguarding concerns were reported to the local authority for further investigation and monitoring. Records showed the process had been used appropriately.

Staff we spoke with were aware of their right to 'whistle blow' about the organisation, if they had concerns about anything they observed. Information on contacting whistle-blowing organisations was displayed prominently in an area used by staff. A whistle blower is a person who exposes concerns about poor care in an organisation. Staff

told us they were confident they would be supported through the process by the management. One member of staff told us, "I've never felt the need to do that but I know I would receive support if I did".

The provider's recruitment processes included checking staff were suitable to work with people living at the home. We looked at three recruitment files and saw they contained the recommended pre-employment screening information. All of the staff we spoke with told us that they provided references and that the provider completed disclosure and barring (DBS) checks before starting work at Laurel End. The DBS provides information on criminal records for potential staff.

The registered manager was keen to understand what may have caused incidents and accidents in the home and took action to reduce risks to individuals. The system for analysing incidents included identifying trends which might lead to a change in the person's risk assessment. Incident investigations included asking the person involved for their view of what happened and how it happened. Records showed that if a person was directly responsible for an incident, a meeting was held with that person to explain the impact of the incident and the reasons why they should not behave in that way again.

The care plans we looked at contained risk assessments for people's care and management plans to guide staff about the best way to reduce risks for people. Staff understood how to manage different types of seizures people might be affected by. Some people suffered from seizures and the care plans we looked at provided staff with a description of the seizure and a minute by minute action plan to follow. Staff we spoke with were familiar with the management plans and explained the actions they should take to keep people safe during their seizure. One member of staff said, "We recognise the type of seizure. Sometimes we just need to gently lower [Name] to the ground and at other times they have an 'absence' which lasts for a few minutes".

Some people presented with behaviour which put their safety and the safety of others, at risk but the manager had taken a positive approach to managing risk. The care plans provided staff with explicit information on the best way to avoid incidents and how to support the person in a consistent manner. The information provided to staff gave scenarios of behaviours which people might present with and how staff should manage this. We saw one person liked to travel in the minibus but sometimes their

Is the service safe?

behaviour compromised the safety of other people. The manager had identified the best seat for this person to sit in to minimise the risk to others but which still allowed the person to enjoy the outing.

People told us there were always staff around if they needed them. We observed members of staff supported people in each of the communal rooms at the home and other staff accompanied people when they went out of the home. The rotas we looked at showed the levels of staffing were always consistent and the manager had matched the number of staff available to support people's level of dependency. Staff we spoke with told us, "Staffing is always good, no problem".

We saw that the provider monitored the safety of the environment and ensured people would be supported safely in the event of an emergency. The maintenance records we looked at described the checks which were undertaken and the actions taken to ensure the home was maintained and remained safe for the people who lived

there. There were personal emergency evacuation plans (PEEPS) in place in case of an emergency. We saw the PEEPS contained information, which was updated regularly, about people's mobility and level of understanding.

There were processes in place to manage and administer people's medicines safely. Staff told us they had received training in medicine administration. We saw that medicine recording was accurate and the stock of medicines tallied with the recorded amounts. There was guidance in place to support staff administering 'as and when' medicines to ensure they understood why and when these medicines should be given. One person occasionally needed a medicine to help reduce swelling to their legs. We saw there was detailed guidance for staff on how to check the level of swelling to assist their decision making for administering the medicine. The medicines were stored correctly which meant that their condition would not be compromised by inappropriate storage.

Is the service effective?

Our findings

People we spoke with said the staff knew how to look after them. One person said, “They [the staff] work together. They’re a team”. A relative said, “The staff are excellent. They know what they’re doing”. Staff told us they had the opportunity to improve their skills through training.

Staff said they were encouraged to acquire nationally recognised qualifications in care and were provided with a range of training which enhanced their skills. The training records showed when training had taken place, when it would need renewing and sessions planned for the future. The provider consulted staff about the usefulness of the training they received and we saw staff feedback was positive. A member of staff told us, “We have a good range of training. Because some people here are living with dementia we’ve just done some training to understand the best way to support them. I found it really interesting”.

New members of staff followed an induction programme. One member of staff told us, “I spent my first two weeks shadowing other staff and getting to know people. I know I was assessed during my induction and my relationships with people were observed”. The service provided new staff with a questionnaire to complete once their induction was complete to check whether their introduction to the service met their needs. We saw the responses were all positive. One person said, “I liked the hands on approach to induction. It gave me the opportunity to learn about people”.

Staff told us they felt well supported by the provider and the registered manager. Staff confirmed that they had supervision sessions every two months, which gave them the opportunity to discuss their performance and any concerns they had. One member of staff said, “We have loads of support”. Another member of staff told us, “We can talk about anything during our supervision. The manager is very supportive”.

Everyone we spoke with told us the food was very good and they had plenty to eat. One person said, “It’s a hotel. Four star”. All of the staff team joined people to eat lunch together and we observed there was constant chatter which made the mealtime a sociable and enjoyable experience. One person told us, “We always sit together”. People were provided with food which looked and smelt appetising. The cook was aware of people’s likes and

dislikes and provided alternatives of their choice for people if they did not like the meal planned for that day or needed a softer food option. One person said, “I’m having a kipper for my tea but a lot of people don’t like them so they’ll have something different”. We saw people being encouraged to eat their meal by both staff and other people who were sitting with them. People who ate more slowly were not rushed to finish their meal.

The cook told us the home had been given a ‘Heartbeat award’. Heartbeat is a national scheme run by councils and NHS Dieticians, which makes awards to caterers who can demonstrate that they offer healthy food choices. We saw some people had specialist dietary requirements and the cook was aware of the foods those people should be offered. People with specific dietary needs had been given information, in a format they could understand, to guide them about their best choices.

People were offered regular drinks throughout the day and staff sat with them to ‘chat’ during their own coffee break. There were arrangements in place to monitor people’s weight regularly and ensure they were eating and drinking sufficient amounts to sustain their health. Staff told us one person did not want to be weighed and became distressed if they were asked to get on the scales, so they kept a close eye on the fit of their clothes rather than distress them. Records showed that whenever concerns had been identified regarding a person’s weight, the frequency of monitoring was increased and if appropriate, the person was referred to an appropriate health care professional for specialist support.

The Mental Capacity Act (MCA) 2005 sets out requirements to ensure, when people are unable to do so for themselves, appropriate decisions are made in their best interests. Staff understood how to support people when they were unable to make decisions about their care, support and safety for themselves. Staff recognised that some people could make everyday decisions for themselves, but would need support with more complicated choices. Staff told us a best interest decision had been made, in conjunction with other healthcare professionals, when a person required routine surgery.

The MCA Deprivation of Liberty Standards (DoLS) requires providers to submit applications to a supervisory body for authority to deprive a person of their liberty. Applications are made when a person without the mental capacity to understand the risks wants to leave the home

Is the service effective?

independently. The chief executive officer told us nobody living in the home was being deprived of their liberty at the time of our inspection. They said, “We constantly review people’s risks and ensure we provide management plans to keep people safe rather than restrict their liberty”. This demonstrated that the provider took a positive approach to supporting people’s independence. The care plans we looked at confirmed that plans were reviewed regularly and reflected changes in people’s needs.

The care plans we looked at showed that people received support from other healthcare professionals whenever required. People told us they went to the dentist and saw their doctor. We saw the care plans included photographs of their GP surgeries and dentists so that the buildings were

familiar to them. Relatives told us, “The staff keep us informed about how [Name] is. They even visit them when they’re in hospital to make sure they’re okay”. A member of staff told us, “If people need to go into hospital and they don’t have a relative who can be with them a member of staff stays with them whilst they’re an in-patient, so they’re not frightened”.

The chief executive told us the provider was a member of the GP’s patient participation group (PPG). A person the provider supported in the community, who also spent several days a week in the home, attended as a representative for the people who used the service. This enabled the provider to share the opinions of the people living at Laurel End about the service provided by the GP’s.

Is the service caring?

Our findings

People spoke highly of the staff that supported them and their life at Laurel End. One person said, “The staff are lovely”. Another person said of the staff, “They look after me. They always speak to me in a nice way”. A relative told us, “The staff are absolutely excellent. [Name] is very happy there”.

As some people were unable to tell us about their experience of care we observed the care provided in communal areas of the home. People were treated with kindness by staff. Staff spent time with people and listened carefully to them. When we arrived one person was sitting in the kitchen chatting to the cook as they prepared the food for lunch and we observed they were relaxed in each other’s company. The person told us, “We get well looked after here”.

People’s requests were responded to in a timely manner by staff and when people had to wait, an explanation was given. For example, we saw one person ate their meal quickly and became restless because they wanted the next course straight away. Staff explained why they would need to wait and engaged them in conversation to occupy them whilst they waited.

Another person used different words for some objects and staff understood what they meant and responded to them accordingly. People’s relaxed demeanour in the presence of staff showed us that they were happy and comfortable. We heard people singing and saw people sitting with staff chatting about everyday events and news. We observed

some banter between people who used the service and staff which demonstrated they felt confident of their relationships. One person told us, “The staff talk to me in a nice way”.

Each person living at Laurel End had their own room. Some people invited us to see their rooms and we saw they were personalised to their own taste. People could spend time in their room whenever they wanted to and could lock the door if they wished. We saw, and people told us, that staff recognised their right to privacy by knocking and waiting before entering their private space.

People’s dignity was protected by staff who spoke with them discreetly when enquiring about their personal needs. People were supported to maintain their appearance. People looked well presented in clothes they told us they had chosen for themselves. We saw staff checked that people’s faces and clothes were clean when they’d finished eating to maintain their presentation if they were unable to do this for themselves.

No relatives visited on the day of our inspection. We spoke with two relatives by telephone. One relative told us, “The staff are very good. They look after everyone very well”.

Staff knew which relationships were important to people. We heard staff speaking with people and referring to their relatives in their conversations. People told us they kept in touch with their friends and families. Staff told us, “One person’s family come in and cook a Christmas dinner every year. It’s lovely and everyone looks forward to it”. People told us about this and spoke with enthusiasm about the treat.



Is the service responsive?

Our findings

People we spoke with told us staff knew how they liked to be cared for. One person said, "It's my home. I have everything I want here, just as I like it". Staff we spoke with knew people's preferences for care and what was important to them, for example they knew how much enjoyment one person got from riding in the mini bus and ensured they were included in trips out. Staff told us they had received training in equality as part of their induction into the service. They recognised people's individuality and worked with people to provide care with the minimum of restrictions. A member of staff said, "We want people to live their lives as they want to".

The care plans we looked at contained extensive information about people's past lives and what they liked and disliked. This meant staff could provide care that was tailored to people's choices. Staff told us one person liked to look at catalogues and they brought these in for them. We chatted to the person whilst they were looking through a catalogue and they told us they liked the pictures. Another person loved flowers and we saw there were fresh flowers in their bedroom. Staff told us there was a regular order at the florist to provide them with a flower delivery each week.

The care plans included a booklet for the person which contained photographs of the staff, including the registered manager and the provider, friends, relatives, the home, garden and the vehicles used for transport. People knew about their care plans and the information contained within them. One person told us, "We can look at our plans. We can read it ourselves or have it read to us". People were included in the regular review of their care with the registered manager and their key worker. A key worker is a member of staff who has specific responsibilities for the person, including ensuring their clothes were in good repair and they had sufficient toiletries. One person told us, "My key worker keeps me on the straight and narrow. She keeps me right".

Care was planned proactively with people. Reviews were completed in partnership with people and dependent on their individual needs, which for some people was the use of pictures to illustrate their care. For example, records showed one person was shown a picture of a toothbrush and asked if they were happy for staff to help them. The person responded with a smile and this was recorded as a

positive response. People received positive feedback and encouragement for their achievements. One person had received recognition in the form of a certificate for doing their exercises regularly and improving their mobility. Another person, who did not normally participate in social activities, had received a certificate for taking part in a game of bowls. A health care professional told us the service provided a high standard and level of care.

When we arrived at the home several people had gone out to take part in their hobbies and join in with pastimes that interested them. Staff told us people attended a variety of clubs including dance, craft, music and coffee mornings, which were held in the local community hall. This gave people the opportunity to meet with other community groups using the facilities, which meant they felt part of the wider community. One person told us, "I like going out and about and meeting people".

Staff understood people's social and cultural diversity and had a flexible approach to supporting them to take part in what they valued. People were keen to show us how they spent their leisure time. One person showed us the clothes they had knitted for premature babies. This person had been part of a church knitting group, but when they became unable to attend the other members of the group visited the home. One person was being supported to go to the local library and use the computer to write their life story. For people who did not want to leave the home there were arrangements in place for them to be supported to spend their time as they wished. We saw four people, supported by staff, taking part in a craft afternoon. Staff offered encouragement and assistance to people when they needed it, but allowed people to enjoy the pastime at their own pace and in the way they wanted to.

There were regular opportunities for people to meet with the staff and discuss how they felt about living in the home. Minutes of the meetings recorded that people told the staff they were very happy. Staff told us people had the opportunity to go on holiday each year. We saw this had been discussed at one of the meetings. We saw photos of a trip to Blackpool and people we spoke with told us about the fun they'd had. One person said, "I like Blackpool". This comment triggered a conversation with several people who talked about what they had done and how much they had enjoyed the day.

The home's gardens included bowling and putting greens, which enabled people to spend their leisure time in the



Is the service responsive?

way they wanted. There were chickens which provided the eggs for the home, vegetable gardens and greenhouses. We saw people working in the gardens during our inspection. People told us they liked being in the gardens and some people who lived in supported living accommodation near to the home came to socialise and use the leisure facilities.

People were encouraged to have a voice and share any concerns with staff or if they preferred, external organisations. There was a complaints policy in place and people's care booklets provided information for them about what to do and who to tell, including help lines for other organisations, if they had any concerns. The provider

had not received any complaints, but we saw compliments that had been sent to the registered manager, including one from an external trainer who had spent time with staff in the home. The letter congratulated staff on the excellent standard of care they provided. People we spoke with told us they would speak to the staff if they were worried about anything. One person said, "I'd tell the staff".

Relatives told us they were aware of arrangement should they wish to make a complaint or raise a concern. One relative told us, "We've never had any cause for concern. I have no doubt any complaint would be sorted out straight away".

Is the service well-led?

Our findings

People we spoke with were happy and satisfied with the standard of care they received. One person said, “I like it here”. There were photographs of all the staff displayed in the hallway for people to see as they went past.

Photographs of the provider’s chief executive and the registered manager were included in the care plan and shown to people at their review. People knew who the registered manager and provider were and we heard they spoke of them and to them by their first names. A relative told us, “The home is very well run from the top to the bottom”. A member of staff said, “The registered manager has a good relationship with the staff and is very supportive to everyone”.

The company office for the provider was located at Laurel End and staff told us the directors were frequent visitors to the service, which meant they were visible to people and staff and enabled them to monitor people’s welfare. The chief executive told us, “We do frequent ‘spot checks’ on the service with the directors calling in regularly at different times of the day. We also do ‘spot’ audits of medicines”. We saw observations were recorded during these visits which included what people who used the service and staff were doing at that time. Directors documented that they had spoken with people and the outcome of their conversations. For example, we saw, “Chatted to [Name] in their bedroom. They confirmed they had chosen to go to their room and were happy”. Staff we spoke with told us that the directors were always ‘popping in’.

Staff told us they loved working at Laurel End. Staff said they felt very well supported by the registered manager and the provider. There were on call arrangements in place for staff to get management support and advice should they need it out of hours. A member of staff said, “The on call manager will come in and help out if necessary”. Staff told us the registered manager was ‘hands on’ and liked to work alongside staff. One member of staff told us, “I love working here”. Another member of staff said, “We get a lot of support from the management. We feel like one big team”.

The provider was open and transparent with staff. Staff told us they were kept up to date with any changes planned for

the home. One member of staff told us, “Things we need to know about quickly are always in the message book and we also have meetings. We don’t have a formal handover because we know everyone so well but any changes that day are recorded in the diary which we all read at the start of our shift. We can read the care plans whenever we want as well”.

The provider’s quality monitoring system included checks on how the service was provided. We saw the results of the audits were analysed so that the provider could, where necessary, make improvements to the way care was provided to people. We saw that people and their relatives had the opportunity to share their thoughts about the care at Laurel End by completing a satisfaction survey. We saw this was presented in a format that was appropriate to people’s abilities to communicate. During the analysis of the questionnaire the provider had identified that the image used for one response may have confused people and had arranged to improve this before another survey was sent out.

The provider and the staff told us they felt it was important for the people who used the service and the home to be involved in the community. The staff told us they used the local community hall for the hobby groups that people attended. This gave people the opportunity to mix with other groups and spend time together. Staff also told us they supported local businesses by sourcing and buying food produced locally. Some people receiving support to live in the community visited the home regularly to volunteer in the house and garden. This gave everyone the opportunity to engage with people living outside of the home.

The registered manager was fulfilling their legal requirements and sent us statutory notifications about important events which affected the home. In the provider information return (PIR), the provider explained their plans for improvements in the service. Planned improvements included involving people who used the service in the recruitment process and introducing more outcome focused care plans which supported people’s personal needs and development.