Kenneth Swales and Andre Swales

The Laurels Care Home

Inspection report

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Ratings

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

Overall summary

We carried out a comprehensive inspection of this service on 12 and 17 February 2015. We found that the registered person did not have effective systems to regularly assess and monitor the quality of service that people receive. This was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We undertook this comprehensive inspection on the 7 September 2015 to check that they had followed their plan and to confirm that they now meet legal requirements.

This report covers our findings in relation to the comprehensive inspection on 7 September 2015. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels Care Home on our website at www.cqc.org.uk

The Laurels Care Home is situated in Norton, Doncaster and is registered to accommodate up to 30 people. Some people at the home were living well with dementia. At the time of this inspection there were 26 people living in the home. The service is provided by Kenneth Swales and Andre Swales.

Summary of findings

There is a registered manager who manages the day to day operations 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.

People told us they felt safe living in The Laurels Care Home. Everyone we spoke with told us they were confident that they could tell the staff whatever they needed to if they were worried about anything. There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a diet that met their nutritional needs. People we spoke with told us they enjoyed all of the meals provided at the home.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. For example, we saw from records that people had received intervention from a speech and language therapist (SALT). This meant people with swallowing difficulties received food and fluids appropriate to their needs. Referrals had also been made to the tissue viability nurse for advice on pressure area care.

We observed people's needs were met by staff that understood how care should be delivered. We found care records had improved and reflected the care delivered.

Staff told us they felt supported and they could raise any concerns with the unit manager and felt that they were listened to. Formal supervisions had increased and almost all staff had been involved in their yearly appraisals.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged them to express how and when they needed support. One person said, "We are well looked after here staff are kind." Another person said, "I chose to live here as a family member had also lived here in the past so I knew the care was good."

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that no formal complaints had been received since we last inspected the service.

Systems to monitor the quality of the service had improved since our last inspection. This meant issues identified that required remedial action were addressed in a timely way. For example, medication audits had identified that improvements were needed when commencing new stock of medications prescribed in boxes. We saw the additional safety systems were working in practice.

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?

Good

The service was safe.

Staff knew how to recognise and respond to abuse. They had a clear understanding of the procedures in place to safeguard people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

Medicines were stored and administered safely. Staff had received training in the safe management of medication.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the Mental Capacity Act and it's role in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the care manager approachable and always available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The religious and spiritual needs of people were met through visiting clergy.

Is the service responsive?

Good

The service was responsive.

We found that peoples' needs were assessed prior to them moving to the service. Relatives told us they had been consulted about the care of their family member before and during their admission to The Laurels Care Home.

Communication with relatives was good and family members we spoke with told us that staff always notified them about any changes to their relatives care. People told us the care manager was approachable and would respond to any questions they had about their relatives care and treatment.

Summary of findings

People were encouraged to retain as much of their independence as possible and those we spoke with appreciated this.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service well led

The registered manager listened to suggestions made by people who used the service and their relatives. Their views were regularly sought and people and their relatives could attend meetings to discuss any issues.

The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the care manager to ensure any triggers or trends were identified.

The Laurels Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 7 September 2015 and was unannounced. The inspection team consisted of an adult social care inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection 12 and 17 February 2015 had been made.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We also contacted the local council commissioner who also has responsibility for monitoring the service. We looked at information received from the senior clinical nurse specialist for infection prevention and control who had been working with the provider to improve standards within the home.

At the time of our inspection there were 26 people using the service. We spoke with the registered manager and unit manager, a senior carer and four care staff. We also spoke with five people who used the service and four visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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 looked at documentation relating to people who used the service, staff and the management of the service. We looked at four people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust.

Good

Is the service safe?

Our findings

We asked people whether they felt safe in the home. Everyone we spoke with were clear that they did feel safe. This was also reflected in responses from visitors to the home when we asked about their relative. One relative said, "My relative would tell me if they were worried about anything so I have no concerns about safety." One person we spoke with told us they had chosen to live at The Laurels because they knew care was good. They said they used to visit a relative who had lived at the home and decided it was the place for her to go when they was unable to care for themselves.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported. They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the senior carer or the care manager. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Risks associated with personal care were well managed. For example we saw care records included risk assessments to manage people's risk of falling. The risks were managed by making referrals to the falls team when required. Staff also obtained equipment such as falls mats to alert staff if the person got up out of bed in order to reduce the risk of the person falling. We looked at care plans and found they contained other risk assessments such as pressure care assessments. There was a tool used to determine if a person was at risk from losing weight. We spoke with staff about people that had been identified as at risk of losing weight. They told us supplements were available if needed. They told us that they monitored people's intake of food and fluids to ensure they received sufficient to meet their needs.

We found care plans had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these had been added to the care plans since out last inspection of the service. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

We found the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they had introduced a dependency tool since our last inspection to assist with the calculation of staff needed to deliver care safely to people. We asked staff about the levels working during the day. One staff member said, "We think the additional staffing at peak hours has improved the service we can deliver to people." From our observations during the inspection we found staff were able to spend more time with individuals, particularly at meal times. There was a relaxed atmosphere throughout breakfast and lunch and we saw staff gave appropriate assistance to people who needed time to enjoy their meal. The registered manager said they constantly reviewed the levels and would take into account the occupancy levels and staff comments.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept.

Good

Is the service safe?

There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found the records were clear and up to date.

The medication administration record (MAR) sheets used by the home included a photo of the person and any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the senior followed good practice guidance and recorded medicines correctly after they had been given.

Some people were prescribed medicines to be taken only 'when required', for example painkillers. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly. We were shown a folder which contained the protocols to assist staff when administering this type of medication.

The registered manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs. One relative said, "I used to be in the business so I know staff are well trained and they do a good job. I have no worries about the care." One person we spoke with said, "I think the staff know what they are doing, they all seem very nice. They are always asking me if I am alright and offer help where needed."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The registered manager was aware of the guidance and was reviewing people who used the service to ensure this was being followed. We were informed that appropriate DoLS applications had been sent to the local authority for their consideration. The registered manager told us that most staff had received training in the subject. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We saw care plans that had been updated and contained completed mental capacity assessments and documents completed for best interest decisions. The assessments were decision specific. For example personal care, medication, and finances.

Records in relation to 'Do not attempt cardio-pulmonary resuscitation' DNACPR were seen on some of the care plans that we looked at. These decisions were made with the agreement of family members. We also saw care plans included a section which recorded people's future wishes should they become ill and needed hospital admission. The section also included information about their end of life wishes.

We spoke with a senior and four care workers and they were knowledgeable about how to meet people's needs. They spoke fondly of the people they supported and most staff had worked at the home for a number of years. People and relatives we spoke with told us that the care provided was very good. One person said, "The staff act professionally when carrying out personal care." Another person said, "The staff are kind and compassionate, I would not want to live anywhere else."

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. The registered manager told us that the care manager and deputy care manager had recently enrolled on a level five accredited course in management. They hoped this would provide them with new skills and competencies to drive the service forward.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

At our last inspection we found supervision was not taking place as regularly as the providers policy stated. We found improvements had been made and staff had received supervision (one to one meetings with the registered manager). Staff told us they felt supported by the registered manager, the care manager and also their peers. The registered manager showed us a plan which told us most staff had also received their annual appraisal. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and also attended staff meetings to discuss work practice.

Staff told us that they attended a handover at the start of each shift which informed them of any concerns in relation

Good

Is the service effective?

to people's health. One staff member said, "I find the handover essential as I only work part-time. The information we receive gives us an overview of the health and wellbeing of people we support."

We used SOFI to observe people who were being supported to eat at lunch time. It was clear from the chatter and laughter at lunch time that mealtimes were relaxed and informal. People told us, and we observed that they could choose what to eat from a choice of freshly prepared food. People used words such as, "marvellous," "good choice," "excellent" and "very good" to describe the meals. These words were also were accompanied by comments such as, "If you don't like any of the choices, they will always do you something else."

The menu of the days meals were displayed although some improvements could be made to display them in a more user friendly way. The cook went around the dining room asking people what they would like for lunch and tea. We spoke with the cook who had a good understanding of the likes and dislikes of people who used the service. They told us that specialist diets were also prepared for people who required additional supplements to boost their nutritional intake.

From the care records we looked at, we found some people had been seen by the speech and language therapist (SALT) and there were written reports and examples of specific diets that they had recommended.

We saw records in the care plans we looked at which showed specialists had been consulted over people's care and welfare. These included health professionals, such as GP's, community nurses, dieticians and tissue viability nurses. The senior care staff told us they were able to report to the registered manager or care manager if they felt individuals required professional interventions.

Good

Is the service caring?

Our findings

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. We noted that call bells used for assistance were answered in a timely manner and most people told us that they received assistance when needed.

We saw that staff knew people who used the service very well and had a warm rapport with them. There was a relaxed atmosphere throughout the building with staff having time to have a conversation with the people they were caring for. People who used the service and visitors were positive when describing interactions with the staff. They said, "They're absolutely very good, marvellous, they know how to care for us," and, "You couldn't wish for better carers," and "They work very hard and they have a laugh with you as well."

One relative said, "I was in the business for many years so I know what good care looks like and the staff try their best to provide good care." Another relative said, "We visit quite a lot and whoever is working takes time to speak to us, they are all very kind and compassionate."

We saw there were designated dignity champions. The champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We observed that people were treated with respect and dignity was maintained. Staff ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with door and curtains closed to maintain privacy.

We looked at four care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

We spoke with five members of staff who were knowledgeable of the current needs of people. They told us that handovers and staff meeting were used to pass on any information about the changes in peoples care needs.

We observed staff using mobility equipment such as a turntable and wheelchairs in the lounge areas. The staff spoke to the people during the process and managed to assist them in a very discrete manner. Other people carried on with what they were doing and did not appear to have their attention drawn to the process.

We were told that people who wished to continue to be part of the local community and attend Church were supported to do so. There were also religious services held periodically at the home and people were given the choice of attending if they wished.

We saw care records contained information about how they would like their bedrooms decorated. We looked around the rooms and saw they were personalised with small pieces of furniture ornaments and pictures of family members. One person told us they liked their room as it was, although they were unable to see their television easily from their bed. They said, "I like things the way they are, I only listen to the telly I don't really watch it."

The service had identified an end of life champion who was taking the lead on promoting positive care for people nearing the end of their life. The registered manager told us that they had undertaken specific link meetings to ensure they had were able to support people appropriately as they approached this stage in their life.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of seven people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. People we spoke with told us they were offered choices about when to go to bed and get up, where to spend their time and what to eat.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. For example, we observed the handover to the afternoon staff. They were told who was poorly and if any specific observations were needed.

Since our last inspection the home had enhanced the availability to join in activities. Two volunteers now provide additional activities twice a week. The home also employed an activity co-ordinator to facilitate trips and activities in the home. Notice boards were used to display future events. People told us that they had enjoyed making book marks during the morning of the inspection. Others told us they had enjoyed a trip to Grimsby for lunch. They said the trip was supposed to go to Cleethorpes but the weather was not good so they had changed the venue.

The service had policies and procedures in place to manage any complaints people may have. There was a copy of the process to follow on display in the entrance area. We asked the manager and staff if there had been any complaints received since our last inspection. They told us there had been no complaints. The registered manager told us that niggle's and minor concerns were dealt with straight away. A concerns log had been established since our last inspection. This helped to capture information so that they could monitor and identify any emerging themes.

People we spoke with told us they were confident in being able to express what was important to them and they were positive that they were listened to and respected. One person said, "I feel that if something is not quite right the manager will do something about it." A relative said, "The care manager is always available to talk to and discuss your concerns."

Good

Is the service well-led?

Our findings

At the last inspection we found the registered person did not have effective systems to regularly assess and monitor the quality of service that people receive. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People we spoke with told us they knew who was the registered manager and the care manager and said they were approachable and would deal with any concerns they might have. A relative said, "The managers and providers are very approachable, if there is a problem they will try and resolve it, even if they are busy they will talk to you, reassure you if it's needed." A member of staff said, "They (managers and providers) are approachable, are really good. We can talk to them and feel they listen to us."

At the last inspection we found staff did not receive regular formal supervision and this had not been identified by the provider. We saw evidence that supervisions and appraisals were now taking place and the provider had updated the supervision policy to reflect the frequency of supervisions. Staff we spoke with said they were happy to discuss any concerns and felt they were listened to. They said they knew what was expected of them and felt as they belonged to a good team of staff. Staff also said they had regular contact with the provider who was regularly seen around the home. One staff member said, "Its better now that we have the managers in place so that we know who to discuss any issues with."

We spoke with the registered manager about staffing levels. They told us since our last inspection they had introduced a dependency tool and had increased the staffing levels at key times of the day. From out observations and talking to staff we found people's needs were met in a timely way. Staff said they found the additional staff had improved the quality of care provided.

At the previous inspection we found the quality monitoring of the service required improvements to make them effective. At this inspection we found there was a more structured approach to the monitoring of quality. The registered manager told us that link staff had been allocated specific responsibilities for the quality monitoring. These included a staff member responsible for infection prevention and control. This staff member had commenced attending monthly link meetings with the senior clinical nurse specialist for infection prevention and control. The registered manager told us they were developing a robust auditing tool and we saw this had been completed.

The registered manager and the provider were due to commence a 'Quality Counts, Quality Matters' development programme led by Doncaster council. They feel this will help drive up standards within the home.

The registered manager told us that they had also appointed champions in dementia care, end of life and dignity. These were only in their infancy, however the champions had commenced attending link meetings where they are able to share views and develop new ideas to bring back to the service.

The registered manager showed us evidence of surveys which had been undertaken by two volunteers who were keen to develop activities in the home. The questions were focused on improving cognitive skills. For example, they asked for people's views on activities such as reminiscence and quizzes. They had received positive responses. Satisfaction surveys were also part of the homes intention to improve the quality of the service. We looked at the results from the most recent surveys which was undertaken in March 2015. People said they were very satisfied with the food, personal care and management of the service.

The registered manager told us they worked well with the local community and had developed close links with schools and Churches. They also had close links with healthcare professionals such as district nurses, dieticians, tissue viability nurses and community psychiatric nurses. From the care records we looked at it was clear that these professionals had been contacted.

We spoke with the local council's compliance monitoring officer who has been working with the home over the last few months. They told us that the home was making progress towards the actions they had identified. The senior clinical nurse specialist for infection prevention and control told us the service was making progress with their action plan which included the installation of a new mechanical sluice. The registered manager confirmed to us that this was to be fitted on 17 September 2015.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For

Good

Is the service well-led?

example we looked at accidents and incidents which were analysed by the care manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/ incidents re-occurring. We looked at a recent accident which involved stairs leading to the first floor. They had taken advice from the fire officer and had improved the door closure device to help prevent further incidents reoccurring.