Optimal Living Ltd

The Laurel

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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 13 July 2018 and was unannounced. The Laurel is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The CQC regulates both the premises and the care provided, and both were looked at during this inspection. The Laurel is one of two care homes located in two semi-detached houses run by Optimal Care. It provides care and support for up to five people with learning disabilities

The care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. The service believed that people with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At our previous inspection in June 2016 we had rated the service Good. At this inspection we found the service remained Good, however, the provider had improved to Outstanding in the Responsive domain.

We received some extremely positive feedback about the service. People and their relatives told us the quality of the care and support provided by The Laurel surpassed all their expectations.

People received safe care from staff who had been appropriately trained to protect people and identify signs of abuse. Staff understood their responsibilities to report any concerns and followed the provider's policies in relation to safeguarding and whistleblowing. Robust recruitment procedures helped to ensure only suitable staff were employed at the service.

Risks were assessed, managed and reviewed to help ensure people's safety. There were enough staff to keep people safe. Medicines were administered as prescribed.

People's rights were recognised, respected and promoted. Staff had a good understanding of the Mental Capacity Act 2005 and we saw people's consent was sought routinely. Staff were knowledgeable about the rights of people to make their own choices. This was reflected in the way the care plans were written and the way in which staff supported and encouraged people to make decisions when delivering care and support.

People and relatives were delighted with the kindness and thoughtfulness of staff. People we talked to consistently referred to the registered managers and staff as kind and caring people. They told us they valued their relationships with the staff who supported them and the support provided often exceeded what they had requested. Empowering people to communicate and express their needs was an area of strength

within the service, as staff had a deep understanding of people's preferred communication methods.

The service was extremely responsive to people's needs and wishes even if the support people needed proved to exceed their contracted hours. People told us that staff went over and above the call of duty and people said this made a profound difference to their lives.

The service provided excellent care and support to people enabling them to live fulfilled and meaningful lives. People and their relatives spoke overwhelmingly positively of the support, guidance and healthcare interventions people had received. Activities and people's daily routines were personalised and tailored to people's particular choices and interests. People were supported to develop their skills and pursue their hobbies and interests. People benefited from consistent support, good teamwork of staff, good planning and delivery of person-centred care.

People felt consulted and listened to about how their care would be delivered. The care plans were personalised and centred on people's preferences, views and experiences as well as their care and support needs. People's histories, family relationships and religious and cultural needs were taken into account while preparing their care plans. People's care and support was planned in such a way as to facilitate working towards their aims and ambitions. The provider recognised people's achievements and encouraged them to always make headway by setting new goals whenever their care was reviewed.

People were able to express their opinions and were encouraged and supported to have their voice heard. People were fully involved in planning and reviewing their care and support needs.
There was a complaints procedure in place and people felt confident to raise any concerns either with the staff or the registered manager if they needed to.

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The registered manager led their team by example, showing strong, inclusive and innovative leadership that focused on enhancing the service and creating positive outcomes for people.

There were systems in place to monitor the quality of the service and staff reflected on their practice to identify and implement changes when required.

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?

Outstanding ☆

The service was exceptionally responsive.

Support planning was oriented towards people's needs and expectations. Guidance for staff was very clear and detailed. It specified explicitly people's needs and how people wanted to be supported.

People's needs and the support provided to them were constantly reviewed and the care plans were immediately changed when needed.

People's views were valued and people were encouraged to raise any concerns they might have.

People were supported to develop a personalised plan for their end of life care.

Is the service well-led?

Good

The service remains Good.

The Laurel

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 13 July 2018 and was unannounced. The inspection was carried out by one inspector and one 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.

Prior to our visit we asked for a Provider Information Return (PIR). The PIR is information given to us by the provider. The PIR also provides us with key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. This included previous reports and notifications we had received from the service. Services use notifications to tell us about important events relating to the regulated activities they provide.

During the inspection, we spoke with two people and observed the interaction between people and staff. We also observed people being supported with their medicines. We spoke with the registered manager and two members of staff. We looked at support plans and risk assessments for four people. We checked a range of other records including recruitment records of seven staff members employed at the service, policies of the service, medicines management records, complaints, staff's rota, health and safety assessments, incidents reports, audits and surveys. We looked at what actions the provider had taken to improve the quality of the service.

We received feedback regarding the service from one health and social care professional.

Good

Is the service safe?

Our findings

People continued to live safely at the service. People told us they were confident their health and well-being were not at risk of being compromised. One person told us, "I feel safe". One relative of a person told us, "I believe he is safe living there".

Staff had undertaken safeguarding training and were aware of the signs of abuse such as changes in the person's behaviour or appearance of physical marks. Staff told us that they knew how to raise concerns and said that they were very confident that the registered manager would deal with any such issues. Staff notified other bodies which included the local authority, the CQC and the police when needed. All of the staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. A member of staff told us, "If I had any concerns, I would take it to [the registered manager]. If she was not around, I would inform the safeguarding team".

Individual risks to people's health and well-being continued to be effectively assessed to enable people to remain safe. For example, staff assessed the support people needed in and around the home and out in the community. Staff also assessed that kind of support was necessary for people to maintain relationships. Where risks were identified, people's support plans specified the actions staff needed to take to minimise the risks. When people wanted to undertake a new activity, a specific risk assessment was undertaken to support the person to do so.

There were sufficient staff deployed to meet people's needs. The registered manager monitored staffing levels which were flexible and matched the needs of people using the service. A member of staff told us, "There are enough of us on shift. We can support people as they wish".

The provider had effective recruitment processes to ensure only suitable staff worked at the service. This included completing pre-employment checks such as requesting and receiving references and checks with the Disclosure and Barring Service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with vulnerable people. People were actively involved in the recruitment and selection of potential new staff participating in recruitment interviews.

The provider managed medicines safely. Staff completed relevant training and medicines were stored securely. Medicines related records were accurate, such as medicines administration records (MARs) and records for the receipt and disposal of medicines.

We found the service was clean, well decorated and in a good state of repair. Staff had completed specific infection control training and therefore had a good understanding in this area. The provider had policies and procedures to protect people and staff from the risk of infection. Staff were issued with personal protective equipment and checks were in place to help ensure staff followed procedures.

People had a Personal Emergency Evacuation Plan (PEEP). A PEEP sets out the requirements that each person has to ensure that they can be safely evacuated in the event of an emergency. The provider had

arranged for regular servicing of the gas and electricity systems to ensure they worked safely and correctly.

The service had a culture of continual learning. Incidents were analysed to prevent their recurrence. Staff were aware of how to report incidents and accidents. Accidents and incidents were reviewed and, where needed, changes were made to people's support plans. For example, the registered manager monitored incidents of behaviour that could be challenging and analysed trends.

Good

Is the service effective?

Our findings

People's needs continued to be met effectively. People's needs were assessed prior to them staying at The Laurel. This continued throughout people's transition to the service and following their admission. Assessments were detailed, personalised and individual to each person. This helped to ensure staff had an in-depth understanding of each person from day one.

People were supported by a well-trained staff team who knew them well. One person told us, "I like the staff working here. They know me well". Records showed that staff had continued to receive ongoing training relevant to their role. This included safeguarding people, managing challenging behaviour, equality and diversity, food hygiene, and fire safety.

New staff had completed the care certificate. This is an identified set of standards that social care workers work through based on their competency. Staff had an induction before working independently with people. The induction included shadowing more experienced staff at the service and in the community to get to know people and learn how they liked to be supported.

The staff we spoke with confirmed they had received regular supervisions and annual appraisals and felt supported .. Supervisions are individual meetings staff have with a manager or senior member of staff to discuss their role, responsibilities and learning needs. These were recorded and kept in staff files.. A member of staff told us, "I have my supervision every three months. I can discuss if I have any concerns and they can provide me with feedback on my performance".

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. When speaking with staff, it was evident they had a good understanding of the Act and how it related to their day-to-day roles of supporting people. A member of staff told us, "The MCA is to protect people's rights. Everyone has got capacity to make decisions unless assessed otherwise".

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 MCA 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS were in place for people who required them and the registered manager understood their responsibilities. We found the service was working within the principles of the MCA and DoLS legislation, and applied to the local authorities for DoLS to be authorised. The registered manager tracked the progress of DoLS applications on a regular basis.

People were supported to develop daily living skills and increase their independence by shopping for food and cooking for themselves. People's engagement in shopping for food and cooking was monitored and the results were analysed to assess the effectiveness of people's support plans. Where people's engagement in

this aspect of daily living was decreasing or stayed the same a new plan was developed to support the person to achieve their independence goals.

Where people were at risk of choking whilst eating, staff had made a referral to the speech and language therapy team (SALT). For example, one person had started to cough whilst eating. The service referred the person to a SALT in order to develop a plan to prevent the person from choking.

Each person had a health action plan which gave information about how they should be supported to maintain good health and what action should be taken if they were unwell. Health action plans included information crucial to healthcare staff, such as how to communicate with the person and what medicines they were taking. Some people were living with long term health conditions, such as epilepsy and diabetes. The information in these plans was detailed and specific so that staff knew exactly what to do if the person became unwell.

The environment was especially well adapted to suit the particular needs of the people using the service. Promoting independence was evident throughout the service. There was good signage to help people orientate around the home and symbols and pictures were displayed on walls to encourage people to communicate. The corridors and bedrooms were spacious to allow wheel chair access and equipment was in place for people who required support to mobilise. This included an electric stair lift.

Good

Is the service caring?

Our findings

People continued to be supported in a caring way. Everyone we spoke with before and during our inspection told us staff were kind, caring and always willing to spend time with people. One person said, "I like living at The Laurel. It is clean and tidy the staff are very nice and kind".

Staff listened to people's requests and responded to their needs in a sensitive way. Staff displayed a good understanding of people's behavioural needs and provided them with emotional support. The service had a calm, cosy and welcoming atmosphere.

Staff explained to us how they promoted people's privacy and dignity in everyday practice, for example by taking all precautions so that people were not exposed whilst receiving personal care.

During our inspection we noted that staff encouraged and assisted people to help them maintain as much independence as possible. A member of staff told us, "We support people to be as independent as possible. We encourage them to do simple things they are able to do, like making a cup of tea".

Staff showed an excellent knowledge of the most effective communication strategies for each person. Some people had complex communication needs and were non-verbal. For example, one person communicated using gestures, touch, eye contact and single words. Staff had an excellent understanding of people's communication methods which had been developed over time into a comprehensive communication plan.

The care plans ensured support needs outlined the diverse needs of people, including gender, disability, religious beliefs and culture. Staff were aware of people's likes and dislikes and could show us how they respected these on a daily basis.

People were offered external support from agencies such as the advocacy service or independent mental capacity advocates (IMCA) if they needed support to make important decisions about their safety. These are individuals not associated with the service who provide support and representation to people if needed.

People's sensitive information and personal data were stored securely and safely in lockable cupboards only accessed by approved staff. Staff understood the importance of confidentiality and were trained in confidentiality.

Outstanding ☆

Is the service responsive?

Our findings

The service went the extra mile to meet people's needs. Without any exception, people's relatives gave the highest praise about the care provided to their family members. One relative commented, "The thing about The Laurel is the staff and the care of the clients, they really do go one step further in their care".

The service was very responsive to the individual changing needs of people . This significantly contributed to people's health and well-being. For example, quick medical intervention and support provided to one person helped them to live a full life . The service went above their contractual duty providing support to the person when they had experienced a health crisis. Staff had correctly recognised the person's condition and transported the person to hospital themselves as there had been no ambulance available. The responsiveness of the service had saved the life of the person as treatment was time-critical. Staff had visited the person twice a day assisting them with the personal care and bringing the person their favourite food. Staff had recognised the need for providing comfort to the person in an unfamiliar setting and they had assisted the person continuously and had only left once the person was asleep at night. Staff provided the person with care, comfort and reassurance and stayed with the person when they were not visited by their relatives. All night staff voluntarily gave their free time to visiting and caring for the person on their days off. As this was done outside staff's working hours, it showed the values of genuine commitment and caring.

When the person was discharged from hospital back to the service they found they were unable to sleep comfortably in their bed because of their health condition. The service had bought a reclining chair and pressure relief equipment for them. As a result, the person had been able to recover and the integrity of their skin had not been compromised. The person had fully recovered and enjoyed their favourite activities within the home awaiting their next birthday and planning their birthday party.

The service was outstanding in protecting human rights and promoting equality and diversity. One person, initially enthusiastic, enjoyed their employment and going to their workplace. After some time the person's attendance at work and timekeeping gradually declined. The service manager investigated this issue and found some concerns related to the fact they needed to use a wheelchair. The registered manager stated that under The Equality Act the person should have choice and control to adjust their working pattern so that they could continue with their employment The registered manager assisted the person to change their working pattern to one that suited the person and helped them to make transport adjustments in order to ensure continued access to the workplace and enjoy the social aspect of being part of the accessible transport community. As a result, the person regained control and independence with their working life and could continue to enjoy their employment.

The services assisted people to reach their goals. One person's goal was to lose some weight and this was reflected in their care plan. The person was accompanied on walks around the local community and had been introduced to an exercise group that visited the home. Their diet was monitored and adjusted appropriately to ensure a good balance of fresh fruit, vegetables, wholegrain foods and lean meats. As a result, the person lost weight which had a positive impact on their health but also on their self-esteem.

The range of activities in which people took part was wide and diverse and included going to concerts, events, pubs, on holidays, having meals out with people's families, staff and other people. When people decided they wanted to attend a new activity, staff supported them to do so. People were encouraged to try new activities. A health-care professional told us, "I have found the atmosphere within the building to be relaxed and friendly with staff and the residents interacting well with each other. There are people coming and going to different activities; there is a vibrancy to the atmosphere".

One person had decided that they wanted to get a job. The service had supported them to find a job that they would enjoy. Staff told us this had improved the person's confidence, self-worth and independence. As a result, the person was able to earn money which they spent on the things they enjoyed.

One person's ambition had been to go on a holiday abroad by plane. To achieve this, the service had consulted the person's GP about the person's health and the possibility of flying. The service had helped to organise appropriate transport both in the United Kingdom and in the foreign country as the person was disabled. The service had ensured the accommodation had been suitable for wheelchair access and relevant travel insurance had been sourced. They had been supported to improve their mobility to enable them to be more confident and comfortable with flying. The person had been practising on their crutches at home and exercising in the local hydro pool in with the assistance of staff. The person had managed to walk down the aisle of the plane and had been able to bend their knees to fit in the seat. Staff told us that they had an amazing time, made some good friends and was glad they had taken lots of photos to remember it by.

People were encouraged to explore their hobbies and interests. Some people enjoyed gardening and grew their own vegetables. People chose the vegetables and fruits they wanted to cultivate, planted them and watered them every day. Staff told us that people were very proud of themselves and their achievements when the food was picked and then eaten at the table by others or used in recipes.

The service was not currently supporting anyone at the end of their life. However, the service had worked with people and the people closest to them to develop comprehensive end of life plans. The document was detailed so that people had the opportunity to create a personalised plan for their end of life choices. In order to ensure a dignified and pain free end of life care, the service used pain assessment tools. There was a pain self-assessment tool in the form of a pain scale for people able to provide feedback. Another pain assessment tool was to be completed by staff for people who are not able to assess their own pain.

We found that the service helped people in the bereavement process. A relative of a person told us about the person's suffering after the death of their family member, "As you are probably aware, [person] had taken it very badly, he had lost his rock, his life was very difficult and he reverted back to his old behaviour of banging his head, etc. It was suggested that perhaps both he and I should attend a bereavement course at the doctor's surgery. Unfortunately I was unable to attend all of them. [The registered manager] stepped in and arranged that a member of staff would attend it with [person]. The sessions did help [person]. Meeting others with similar problems and making it possible for them to cry and express their emotions has helped him. The lovely thing is that some of us still meet monthly when possible". The service had provided positive, kind, caring and nurturing support to the person and his family during his [relative's] illness and death. The service had supported the person throughout the funeral also enabling another resident (the person's closest friend in the home) to show support and attend the funeral. During this time staff and the registered manager had comforted and supported the person and his mother throughout the bereavement trying to mitigate the impact of subsequent challenges in the person's behaviour. The registered manager had sourced a local professional bereavement counselling course for the person. The registered manager had fully described the details of this specific course to the person's mother and explained how positive it

was, so that she had felt comfortable and confident enough to attend the course with the person. This had proven invaluable to them and as a result of this they had both created a friendship group and met regularly with the other members of the group.

The person had continued to make steady positive improvement in his behaviour and overall well-being that had been understandably affected by the sad loss of their relative. The person's family member and staff told us that the person showed a quiet pride and a sense of achievement in completing the course. They found it emotional, however, the course allowed them to talk about the process of grief and moving forward.

A complaints policy was in place and displayed at the service which was also available in an easy-to-read format. The relatives we spoke with told us they would be confident in raising any concerns and were certain the registered manager would take appropriate action. The registered manager was able to explain the complaints process, the action they would take and the timescales to resolve the complaint.

Good

Is the service well-led?

Our findings

People continued to benefit from a service that was well-led. There was a registered manager in post. 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, staff and relatives spoke positively about the registered manager. Staff told us they felt well supported by the registered manager. One member of staff said, "You can go and talk to her about anything". One person's relative told us, "Since [the registered manager] has been there it has improved leaps and bounds. She understands them [people] and does all she can to help them and the staff are the same. There is a new atmosphere. When I need to talk to [the registered manager] about anything, she is always very approachable with a smile on her face".

Staff said staff morale was high because of the support they received from the management team. Staff took pride in working for the provider. They told us that they were a very good company to work for and had a good reputation. All the members of staff we spoke with told us the provider had set clear, person centred values for the service which focussed on providing an excellent service for people, placing them at the heart of everything.

The registered manager focused on improving, innovating and ensuring the sustainability of the service. Staff told us they could ask for any additional training and this would be accommodated by the service. A member of staff said, "[The registered manager] would listen to me if I had any suggestions". Another member of staff told us, "We had suggested new curtains, new beddings and she bought it".

Monthly staff meetings were focused on satisfying the needs of people. Copies of staff meeting notes demonstrated that care and attention was paid to ensure people who lived at the home were safe and well-supported. Staff told us they contributed to the team meeting agenda. A member of staff said, "Normally we discuss how we are all doing, if we have any problems, if things are not being done properly".

Effective quality monitoring of the service was in place. The registered manager was responsible for completing regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. It was evident from looking at these systems that they were effective in supporting the registered manager to identify and respond to concerns. For example, after one of the audits an action plan had been produced to review all the service users' files.

The service actively sought people's, relatives', staff's and other stakeholder's views through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The response from these surveys was very positive

and all the people who had responded to the survey were very happy with the support they received.

The service liaised with health and social care professionals to achieve the best possible care for the people they supported. People's needs were accurately reflected in the detailed plans of care and risk assessments. People's records were of good quality and fully completed as appropriate.

The registered manager demonstrated a good understanding and awareness of their role and responsibilities, particularly in regard to the CQC's registration requirements. The registered manager adhered to their legal obligation to notify us about important events that affect the people using the service. The service had notified us in a timely manner about all the incidents and events that had affected the health and welfare of people using the service.