

Beeshaw Care Limited

# The Laurels

## Inspection report

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Norwich  
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Tel: 01603722767

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14 February 2019

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Laurels is a care home that offers care and support to one person with mental health or neurological support requirements. There was one person using the service at the time of our visit.

At our last inspection on 13 June 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

### People's experience of using this service

- The person was happy living at The Laurels. They felt safe and liked the staff who supported them. Staff enjoyed their work and were proud of the service.
  - Staff knew about safeguarding and how to protect people from abuse and avoidable harm.
  - Risk was assessed and managed so that the person could continue doing the things they liked to do.
  - Staff knew the person extremely well. They knew what made them happy and sad and about the things that may trigger risky behaviour and the best way to manage this.
  - Staff managed medicines in a safe way.
  - There was a consistent staff group matched to the needs of the person. This meant the person received the support they required from staff they knew them very well.
  - Staff were recruited in a safe way to make sure that only staff with the right skills and characteristics were employed.
  - Regular maintenance and checks were carried out on the premises and equipment to make sure it was in safe working order.
  - The service was clean and tidy and staff knew how to prevent and control infection.
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- Staff had the right skills, experience and support to meet the needs of the person who used the service.
  - The person was supported to maintain a healthy weight and had a balanced diet with a choice of meals that they had chosen.
  - Staff knew how to recognise changes in the person's health and wellbeing. Staff had noticed the smallest change in the person's behaviour and sought immediate medical attention which resulted in emergency medical attention being provided in a very timely way.
  - The premises met the needs of the person and provided a safe, comfortable and homely environment.
  - Staff followed the principles of the Mental Capacity Act 2005 and associated Deprivation of Liberty Standards. This meant that the person's liberty was only deprived following authorisation and a best interest decision.
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- The person felt cared about by staff. They had developed positive relationships and were treated with kindness and respect.
  - Staff had time to spend with the person and supported them to do the things they liked.
  - The person received support from advocates to make sure that care and support was being provided in

their best interests.

- Staff protected people's privacy and dignity and promoted their independence.
- The person was supported to maintain a relationship with their family members.
- The person received care and support which was personalised to suit their needs and preferences.
- They were able to pursue their hobbies and interests including holidays.
- The person was supported to raise concerns should they needs to.
- The person and staff felt supported by the registered managers.
- The staff team enjoyed working together and supported each other and the registered managers.
- The quality of the service was monitored and the person was asked for their feedback and this was acted upon.
- Staff worked in partnership with other professionals and organisations to make sure the person received joined up care and support.

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

#### Rating at last inspection

At the last inspection we rated this service Good (report published on 18 July 2016).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Laurels

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

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

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

#### Notice of inspection

We carried out the inspection visit on 14 February 2019. We gave the service 48 hours' notice of the inspection visit because the service is small and the person went out with staff on most days. We needed to be sure that they would be in

#### What we did

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection we saw how the staff interacted with the person who lived there. We spoke with the person. We spoke with a support worker and the registered manager and to the provider.

We looked at care records as well as other records relating to the management of the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The person told us they felt safe. They felt confident speaking with their support worker or the registered manager and felt sure they would listen and take action if they were unsafe.
- Staff had received training and knew what to do if they had any concerns about people's safety.
- The provider had demonstrated they had systems and processes in place to protect people from abuse. They had reported concerns to relevant organisations such as the safeguarding team or the Police.

Assessing risk, safety monitoring and management

- Risk was assessed and managed. Staff knew about the risks to the person at the service and out in the community and knew how to manage these.
- There was a health and safety officer who checked the safety and security of the service.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Fire drills were held so that the person and staff knew how to evacuate the building in the event of a fire.

Staffing and recruitment

- The person had a staff member available to them at all times. The staff member was able to spend time with the person at the service and accessing the local community.
- The registered manager followed a recruitment policy so that they were as sure as possible that only staff who were suitable to work at the service were employed. Checks were carried out such as a Disclosure and Barring Service (DBS) check and references. DBS checks made sure that staff did not have a criminal record or had been barred from working with vulnerable people.

Using medicines safely

- Staff managed medicines well. They had undertaken training and competency checks so that they could give prescribed medicines safely. Medicines were stored securely and records were accurate and up to date. Checks were carried out to make sure medicines were given to the person at the right time and in the right way.

Preventing and controlling infection

- Staff had undertaken training and were fully aware of their responsibilities to protect people from the spread of infection. The service was clean and tidy.

Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences. Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Thorough and detailed assessments were carried out to make sure people's needs could be met. People were offered trial periods before any decisions were made.
- People's physical, mental and social needs were assessed.
- Managers and staff kept up to date with best practice and evidence based guidance through support networks within the organisation. This ensured that staff delivered care in line with all relevant guidelines.
- Client care meetings were held and people's care and support needs were reviewed by case managers with input from psychiatrists, psychologists and other professionals.
- The registered manager considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, the staff could meet those needs.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well. Staff were up to date with all training required by the provider. They told us the training provided was good and they felt supported.
- The person who used the service had confidence in the staff and felt they were competent.
- All staff had regular supervision from a member of staff senior to them. This provided opportunity to discuss and plan for learning and development needs.
- New staff received induction training and worked with experienced staff until they were competent and confident.

Supporting people to eat and drink enough with choice in a balanced diet

- People had their nutritional needs assessed and reviewed. Where risk of malnutrition was identified then this was managed and included in the person's care plan.
- The person planned their own meals and was able to take part in the food preparation. Healthy meals were encouraged and the person was supported to maintain a healthy weight.
- There was a plan of care regarding the management of fluids and staff followed healthcare professional guidance about this.

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

- Staff worked closely with other agencies to make sure that they met people's needs, for example if a person had to go to hospital a member of staff went with them and stayed with them to ensure they received consistent, effective and timely care.

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

- Staff involved other healthcare professionals and supported the person to access these.
- Staff knew the person extremely well and were able to quickly recognise changes to their health and wellbeing and took action as soon as changes were identified.
- Guidance from healthcare professionals was carefully followed and included in the person's care plan.

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

- The design and decoration of the service met the needs of the person.
- The person was consulted about the décor and had recently asked for some new furniture which was being provided.
- They had personalised the service with things that they liked or were meaningful to them.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and we found that they were.
- Staff had undertaken training about the MCA and DoLS and were aware of how to apply this legislation.
- Representatives from the DoLS team carried out regular checks to make sure that the legislation was being followed correctly.

# Is the service caring?

## Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- The person told us they felt cared about and were treated well by the staff.
- We saw that staff had built up positive relationships with the person and shared laughter and fun with them.
- Staff knew the person extremely well. They knew about the things that were important to them and the things that caused them distress.
- Staff knew how the person liked to receive support. They spent time with the person doing the things they liked to do such as going out for walks and going fishing.

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

- Staff supported the person to maintain a relationship with people who were important to them.
- The person's care plan was reviewed at least once a month and they were encouraged to express their views about the support provided.
- The person was supported by advocates to help them make decisions.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted the person's privacy and dignity. They had received training about this. They protected confidential information and only shared information with authorised people.
- Staff encouraged the person to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person keep and enhance their skills. The person managed their personal care independently.
- Staff supported the person with communication and behaviour and helped the person to access activities and facilities in the community.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The staff team were very responsive to the person's needs.
- The person was involved in the care planning process and their preferences about the way they preferred to receive support were carefully recorded. This included their physical, mental, emotional and social needs.
- Staff knew about the person's life and the things that were important to them. They were knowledgeable about the person's likes, dislikes and preferences and told us how they met their individual needs.
- The person received information in accessible formats and staff knew about and were meeting the Accessible Information Standard.
- The person was supported to follow their interests and take part in activities that were socially and culturally relevant. The person was supported to do the things they enjoyed. They went out every day to take part in activities they enjoyed. They had their own car which staff were insured to drive.
- The person enjoyed fishing and had been on a fishing holiday. They spoke fondly of this experience and told us how they had used a camping stove and had enjoyed cooking in this way.

Improving care quality in response to complaints or concerns

- The person was supported to give their feedback and to raise a complaint should they need to. They told us they did not have any complaints and were happy with the service. House meetings were held every month and the person was asked for their feedback about all aspects of the service.
- The provider had a complaints policy and procedure. The registered manager told us they had not received any complaints since our last inspection.

End of life care and support

- The person who used the service were young and healthy and so there was no-one in receipt of end of life care at the time of our visit. The provider told us that this would be discussed with the person when it was appropriate to do so.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The person made positive comments about the service and said they would happily recommend it.
- There was a clear vision and culture that was shared by managers and staff. The culture was person centred and staff knew how to empower people to achieve the best outcomes. Staff were supported and respected by their manager. Staff supervision and appraisal was carried out. Staff meetings were held and staff were asked for their feedback and this was acted upon.
- Staff were fully aware of their responsibility to give a high-quality, person-centred service, based on the provider's ethos and values.
- The registered managers promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong. There was a whistle blowing policy so that staff could report any concerns. We were given an example of when this had been used and managers had taken swift action in response.

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

- There were two registered managers who worked across three of the providers locations. The registered managers provided strong leadership. The person and staff told us that managers were approachable and accessible.
- Both registered managers were experienced and had relevant qualifications.
- There was a clear structure and staff and managers understood their responsibilities. There was additional support in the organisation from professionals and from staff who were responsible for lead roles such as health and safety and nutrition.
- The provider was also involved in the day to day running of the service and visited each service at least once a week.
- There was an on-call rota so that staff and people had access to a manager at all times.
- The provider had a quality monitoring system in place. This meant they carried out checks to make sure that high quality safe care was provided.

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

- The registered manager and staff team encouraged the person to express their views about the way the

service was run. This was done through monthly formal meetings and on an ongoing basis. A staff member told us they were confident the person was able to express their views and would not hesitate to do so.

- Staff Meetings were held so that suggestions, issues or concerns could be raised.
- Quality assurance surveys were sent out annually. These were analysed and an action plan with timescales was put in place to address any shortfalls or make improvements.

#### Continuous learning and improving care

- The provider and managers held meetings to set targets for the development of the service.
- The provider had a staff award system across all its services to promote innovation and improvement and to reward staff for outstanding performance.
- The provider was a member of the National Care Association, the Federation of Small Business and Norfolk and Suffolk care support. This supported continuous learning and improvement.

#### Working in partnership with others

Staff and the management team worked in partnership with other agencies such as Addenbrookes Hospital and other healthcare professionals. The registered manager told us that they were able to phone them for advice or ask them to come out to see a client because they had built a positive working relationships and this resulted in better outcomes for the person.