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# The Laurels

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

We inspected The Laurels on 20 November 2014 and this was an unannounced inspection.

The Laurels provides accommodation for up to 23 older people to provide accommodation with personal care. There were 19 people living in the home when we carried out our inspection some of whom experience dementia related needs and complex care needs.

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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act, 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

# Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of the inspection no people had had their freedom restricted.

People who lived in the home were happy with the care they received. They felt safe living in the home and said there enough staff to meet their needs. Staff treated them with kindness and respected their privacy and dignity.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs.

We found that people were provided with a choice of nutritious meals. When necessary, people were given extra help to make sure that they had enough to eat and drink.

People had access to other healthcare professionals such as a GP and a chiropodist. Staff supported people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required.

People and their relatives were aware of how to raise any issues or concerns. They told us that the registered manager was available to talk with and took action to address any concerns.

# 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.

There were processes in place to help make sure people were protected from harm and staff were aware of relevant reporting procedures.

Assessments were undertaken of risks to people and staff. Written plans were in place to manage these risks.

There were appropriate staffing levels to meet the needs of people who lived in the home.

Good



### Is the service effective?

The service was effective.

Staff had the skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities. They were aware of the requirements of the Mental Capacity Act 2005.

People were supported to eat and drink according to their plan of care.

Staff supported people to attend healthcare appointments and liaised with other healthcare professionals as required if they had concerns about a person's health.

Good



### Is the service caring?

The service was caring.

People who lived in the home told us they enjoyed living there and found the staff caring and kind.

Staff were respectful of people's privacy.

People were involved in making decisions about their care and the support they received.

Good



### Is the service responsive?

The service was responsive.

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences.

A complaints policy and procedure was in place and people told us that they would know how to complain.

People had access to social activities and were encouraged to pursue their hobbies and interests.

Good



### Is the service well-led?

The service was well-led.

Staff were supported by their manager. There was open communication within the staff team and staff could raise concerns with the registered manager.

Good



# Summary of findings

The manager checked the quality of the service provided and made sure people were happy with the care they received.

# The Laurels

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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

We inspected The Laurels on 20 November 2014 and this was an unannounced inspection.

The inspection was carried out by one inspector. 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 information included in the PIR along with information we held about the home and a contract monitoring report from the local authority.

During the inspection we spent time talking with five people who used the service and three relatives who were present on the day. We also spoke with the registered manager, the owner, three care workers and a member of the catering staff.

During the inspection we reviewed five people's care plans, five staff files and training records and a selection of the service's policies and procedures. In addition, we examined records of key quality checks that had been completed by the registered manager.

# Is the service safe?

## Our findings

People we spoke with told us that they felt safe living in the home. One person told us, "Yes, I feel very safe living here. I have never had anything except kindness shown to me by the staff." A relative we spoke with told us, "I have no concerns when I leave [my relative] here. I feel they are safe and well looked after."

Staff had received training in keeping people safe from harm. A policy was in place which detailed how staff should keep people safe from harm and they were required to read and sign it as part of their induction. Staff we spoke with were knowledgeable in recognising signs of potential harm and the relevant reporting procedures. They also told us that they were confident that the registered manager would deal with any concerns raised and they were clear on how to escalate concerns with external agencies if required.

Assessments were undertaken to assess any risks to each person who lived in the home and for the staff supporting them. This included environmental risks and any risks to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring. For example, the risk assessments and care plans described the help and support people needed if they had an increased risk of falls, had reduced mobility or were likely to develop a pressure ulcer. The care plans identified the action required to reduce these risks for people, for example, having a soft diet or a pressure relieving mattress.

There were sufficient numbers of staff available to keep people safe on the day of our inspection.

We saw the number of staff on duty was reflected in the staff rota we looked at. There were also two other staff on duty who supported the home with housekeeping and catering duties along with the registered manager and the owner of the home.

The registered manager had established how many staff needed to be on duty by assessing each person's needs for assistance and reviewing this on a monthly basis. The home did not use any care agencies to assist them with unplanned staff sickness or leave. Care staff within the team covered shifts when required and staff told us that this worked well.

Staff told us that there were enough staff on duty to meet people's needs. One staff member told us, "We are a good team of workers, we plan our workload well and we always have the names of a couple of staff members who are available to help at short notice." They gave us examples of how staffing levels could be adjusted according to the needs of people. Another staff member said, "We plan ahead so if one of us has to accompany a person to a hospital appointment there is always another member available to cover. Also if someone is poorly we increase the number of staff on duty so we can give them the care they need."

A relative we spoke with told us, "Sometimes I think they could do with more staff presence, especially in the communal areas of the home. Sometimes I can sit and see nobody and have to go and find someone." However another relative told us, "There are always staff around to help. I have never had any concerns about the staffing levels in the home. [My relative] has never had to wait."

We looked at the last staffing rota and found that there were no significant gaps and that routinely planned shifts were being filled. We also spent time in communal areas during our inspection and found that staff were available for people should they require assistance.

Staff employed had been through a recruitment process before they started work at the home. We looked at five staff personal files and found the process included completion of an application form with a full work history, a formal interview, references and identity checks. These measures helped to ensure that only suitable people were employed in the home.

There were arrangements in place for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Senior staff who administered medicines had received training and they made sure that people were given the right medicines at the right times.

We saw that there had been an independent audit of medicines management in October 2014 and that actions identified from the audit had been noted and actioned. All of these checks ensured that people were kept safe and protected by the safe administration of medicines and that they received their medicines as prescribed.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. The registered manager told us they had a training manager in post that provided and planned staff training and this had improved the way training was delivered. Staff told us and records showed training was provided in subjects such as infection control, health and safety and moving and handling. Staff told us that they received additional training in topics such as dementia awareness which they found gave them additional skills to support people who lived with dementia.

Staff received regular supervision sessions and an annual review of their performance. These processes gave staff an opportunity to discuss their performance and help staff to identify any further training they required. One staff member we spoke with told us how they had been supported to access a leadership course at the local college. Other staff told us that they held or were working towards a nationally recognised care qualification.

The staff we spoke with were knowledgeable about the care and support each person needed to receive. We saw and staff told us how people received the care they needed and wanted. This included assistance with washing and dressing, using the bathroom and moving around the home safely.

The registered manager and staff had an understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had received training in the MCA. They had an awareness of what steps needed to be followed to protect people's best interests. In addition, they knew how to ensure that any restrictions placed on a person's liberty was lawful.

For example, the registered manager had identified that one person who lived in the service needed extra help to make important decisions about their care due to living with dementia. The person's care plans demonstrated that the person's ability to make decisions had been assessed and that people who knew them well had been consulted. This had been done so that decisions were made in the person's best interests.

We were told that none of the people who currently used the service were being deprived of their liberty or were subject to any restrictions which included one to one supervision to keep them safe.

We saw that measures were in place to ensure that people received a healthy and nutritious diet. People we spoke with told, "The food is lovely and there is plenty of choice." Another told us, "Food is excellent. Can't fault it." A relative we spoke with told us, "[My relative] loves the food. They even get to choose the menu on their birthday."

We observed people having lunch in the dining room in the home and noted that the meal time was relaxed and a social event in the day as people who lived in the home were encouraged to come to the dining room. However, people could dine in the privacy of their own bedroom if they wished to do. We saw that when necessary people received individual assistance from staff to eat their meal in comfort and that their privacy and dignity was maintained.

People were offered a range of alternative foods if they did not want what they were offered. We observed at lunchtime that one person did not want their meal and this was replaced by a sandwich which was their choice.

We spoke with a member of the catering team who told us about their role and how they worked to ensure that people received a full and varied diet. The member of the catering team told us how they used fortified foods that contained more calories to help people stay at a healthy weight. They planned a varied menu and spent time with people who lived in the home talking about the choices available and ideas they may have for the future menus.

People told us that staff made sure they saw an appropriate healthcare professional whenever they needed to. People had access to appropriate healthcare services such as GP's, opticians and chiropodists. During our inspection we observed how a person had complained of feeling unwell. A member of the care staff contacted the person's GP and requested them to visit, which the GP did during our inspection. We noted how staff documented what advice the GP had given and how this was verbally handed over to other staff. This meant that staff had the information needed to support this person and knew when to contact the GP again if required.

# Is the service caring?

## Our findings

People who lived in the home were happy with the care they received and the staff and they told us they got on well with them. One person told us, "I have been here for two and a half years and I am very happy here. The staff are lovely and cheerful and they always have a kind word for me." Another person told us, "I wouldn't go anywhere else. The staff are so good, they are all good people."

We spoke with three relatives who were visiting on the day of our visit. One relative told us, "[My relative] gets good quality care. The staff are very good and caring and there is always a good atmosphere in the home and we can see that staff have warm relationships with people who live here. I would give the home 11 out of 10."

One relative told us that they had recently raised some concerns with the registered manager about aspects of their relative's care which related to their dignity and the clothing they wore. These concerns were documented in the person's care plan and we saw that the registered manager had spoken with staff and taken action to address them. The person also said that on several occasions their relative had been found to be wearing clothes which were not their own. We raised this with the registered manager on the day of our inspection. We saw that action had been taken to ensure that clothes where appropriate were labelled with the person's name. This had also been raised at a staff meeting and the registered manager told us that they would monitor this and take action if required.

There was warm and welcoming atmosphere within the home. We observed the relationships between people who

lived there and staff were positive and caring. We saw staff supporting people in a patient and encouraging manner. We observed that staff provided reassurance and support to people who lived with dementia. One person did not want to sit down for their lunch and they were walking around in the dining room. All staff were patient and respectful and provided reassurance to the person.

We noted that staff respected people's privacy and dignity. All of the people that lived in the home had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were able to describe the actions they took such as closing curtains and doors, checking on people's wishes and asking permission before providing care.

People could choose where they spent their time and there were several communal areas within the home where people could sit. One person we spoke with told us, "I like my own space and would rather spend time in my room. That's my choice and it's respected." We looked at people's bedrooms and saw that people had been encouraged to bring in their own items to personalise them.

We saw that some people had chosen to make advance decisions about the care they wanted and did not want to receive. We saw that there were correctly authorised instructions for people who did not want or would not benefit from being resuscitated if their heart suddenly stopped.



# Is the service responsive?

## Our findings

Staff were aware of people's preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. One member of staff told us, "We know all the people well in the home and what they like and don't like. We always take our time with people in the morning and help them to choose what clothes they want to wear for the day."

One relative told us, "The staff know the people all individually and they know [relative] well and what they like and dislike. [My relative] has come out of their shell since living here. They socialise more especially in the last three months. They used to spend all their time in their room but now they will sit out in the main area and read the newspaper and watch television."

People who lived in the home and their relatives were involved in planning the care and support they needed prior to moving in. The registered manager told us how people and their relatives were encouraged to visit the service. This would give them an idea of what it would be like to live at The Laurels and opportunity to see if the home was right for them.

Information about the person was gathered and assessments were undertaken before the person moved in to establish that the service could respond and meet their person's needs. One relative we spoke with told us, "I looked at around a dozen homes before I finally chose here. It was the best one we saw."

Relatives told us that staff and the registered manager had kept them informed of any changes in people's wellbeing. One relative told us, "If the GP visits [my relative] they will always let me know." Another told us, "[My relative] is at risk of falling. They have not fallen for a number of months but I was always contacted straight away by staff to tell me of what had happened."

People's care plans we looked at demonstrated that plans were written to meet people's individual needs which included mobility, communication, social needs and continence. Staff we spoke with were knowledgeable about the care that people needed to receive and said these plans helped them to reliably provide assistance for people.

The registered manager told us that there was not a dedicated person who delivered planned leisure activities for people, however, there was a timetable of pursuits for people should they wish to take part. This was co-ordinated by the care staff. These activities included reading the newspapers and discussion time, reminiscence sessions and music and movement. The home also had a volunteer who came once a week and spent time on a one to one basis with people.

Relatives we spoke with were generally positive about the leisure activities available for people. One relative told us, "[My relative] would rather spend time and read the newspaper. There are things going on for people and visits from schools and the local church." Another relative told us, "I think sometimes they could do more during the day. The music can be inappropriate sometimes and quite loud." We raised these concerns with the registered manager during our inspection and saw that they had spoken with staff about the inappropriate music. Staff had been advised which radio stations and music were not appropriate and to ask people what they wished to listen to.

On the day of our visit no planned activities took place during the morning. People were sat in the lounge areas reading the newspapers, watching television and listening to music, however appeared happy with that. Staff were available in the communal areas and stopped to chat with people and check they were ok. Other people had made the decision to stay in their rooms and read books and watch television. One person said, "I am more than happy in here, on my own, doing my own thing. If something is going on, they [staff] will also pop in and see if I want to join in." During the afternoon we saw that a member of staff sat and painted a person's finger nails and another and looked at a newspaper with a person. Other people spent time chatting with their relatives.

People had been supported to continue to enjoy their hobbies and interests since they moved into the home. We heard of an example of how the provider had arranged for a volunteer from the local secondary school to come in and spend time with a person who liked to speak French. Other people who liked to play scrabble and dominoes had visits from volunteers who spent time playing the games with them.

People were supported in promoting their independence and community involvement. We saw that the home had links with several of the local secondary schools and sixth

## Is the service responsive?

form colleges and students had undertaken work experience placements. One relative told us, “[My relative] loves the choirs and seeing the children.” We saw how a local financial organisation encouraged their staff to volunteer in the home and spend time talking with people and provided some entertainment. The local nursery had recently visited the home for Halloween and Christmas plans were underway for a local school choir to visit. People were also encouraged to go into the local town with their relatives and attend local church events.

People who lived in the home and their relatives told us they were aware of how to raise a concern or a complaint. We saw that the provider’s complaints process was included in information given to people when they moved into the home and on display in the main reception area. The ‘service user’ information booklet also included details for people about how to make a complaint to an external body.

# Is the service well-led?

## Our findings

People and staff that we spoke with described the management of the home as open and approachable. One person we spoke with told us, “[Registered manager] is around if I need anything or want to chat. It’s lovely when they pop in.” One relative we spoke with told us, “[The registered manager] is very relaxed and available. They run it well.”

The home had a registered manager in post whose hours were not included in the rota for care duties and we observed that they were able to offer support and advice to staff and also assist with care duties as required during our inspection. We asked staff if there was a clear line of management in the service and if they knew who they were accountable to. They told us that the registered manager was on site each day and that during the evenings, nights and weekends they were available if staff needed advice. Staff told us, “If I have any concerns I can’t deal with I will tell [the registered manager] and they deal with them. Everything is run properly.”

The registered manager was available throughout the inspection and they had a good knowledge of people who lived in the home, their relatives and staff. We observed that people were relaxed with them and saw that they made themselves available and chatted with people and their relatives.

Staff told us that they felt well supported by the registered manager. Staff told us, “I love it here. The boss [registered manager] is brilliant and will deal with everything. I feel I am treated as a person and they listen.”

We asked the registered manager how they assessed and monitored the quality of the service provided within the home. The registered manager told us how the training manager undertook unannounced spot checks to observe the standard of care provided by staff.

In addition, we saw that learning from incidents and near misses and investigations took place. When information had been raised by the local authority safeguarding team, the registered manager had taken action by undertaking an investigation into the concerns and implementing the findings.

We saw that annual satisfaction surveys for people who lived in the home and that action had been taken when an issue had been highlighted. Audits of the quality of the service were also undertaken by the external agencies which included the local authority. We saw that the results of these were positive with comments such as, “Care delivered to people in a calm way in an environment where staff enable residents.” We found that audits had been carried out on areas which included medication and the environment. Actions had been taken to address any areas highlighted for improvement which would improve the quality of the service.

Staff said told us that they would raise any concerns about poor practice and that they were confident these would be taken seriously by the registered manager. We saw that staff had access to written guidance about their duty to raise concerns. This guidance supported staff to raise their concerns with external bodies about the care people received.

The home had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.