

Elmcare Limited

Laurel Grove

Inspection report

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26 July 2018

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

This was our first inspection of Laurel Grove, following a change of provider registration, in February 2017. The inspection was unannounced and carried out by one inspector on 26 July 2018. Laurel Grove is a care home service and has been developed and designed in line with the values that underpin the Registering the Right Support CQC policy and other relevant nationally recognised practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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 both were looked at during this inspection. Personal care is provided in one adapted building for up to three adults with learning disabilities. Accommodation is provided over three floors with access to communal kitchen, laundry, dining and lounge facilities, including a quiet lounge and private outdoor space. En-suite and a large adapted bathroom and toilet facilities are also provided, along with dedicated staff facilities. At our inspection, there were three people living at the service who received personal care.

Laurel Grove has a registered manager who supports two small care home locations for the provider. 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. A deputy manager was appointed at this location, to support the registered manager.

People received safe care in a clean, well maintained environment, which they were comfortable and happy with. People and staff were informed and confident to raise any safety concerns relating to people's care, if they needed to. People felt safe at the service and staff knew how to keep them safe from any risk of harm or abuse.

Staffing measures, emergency contingency planning and related safety procedures, helped to ensure people's safety at the service.

Risks to people's safety associated with their health conditions and environment, were assessed before people received care and regularly reviewed in consultation with them. People's medicines were safely managed.

Any safety or health related incidents were monitored and analysed, to help inform any care improvements needed. Related care or service improvements were shared with staff and monitored to help prevent any re-occurrence.

People received effective care. Staff were trained and informed to provide people's care. People were supported to have maximum choice and control of their lives and staff supported them in the least

restrictive way possible; the policies and systems in the service promoted this practice.

People's needs were assessed before they received care and regularly reviewed. Staff supported people to maintain and improve their health and nutrition in consultation with relevant external health professionals. Staff followed any related instructions for people's care when required.

Staff consulted with people to optimise their inclusion, understanding and ownership of their agreed care; and to ensure effective information sharing with external care providers when required. People were provided with care and service information in a format they could understand.

People continued to receive individualised care from staff, who were kind, caring and fostered good relationships with them and their families. Staff understood and followed people's preferred daily living routines and lifestyles. This was done in an individualised way that helped to ensure people's choice and independence.

Staff knew how to communicate with people in the way they preferred and understood. People were informed to help them understand their rights and what they could expect from their care. Staff supported people to access relevant advocacy, if they needed someone to speak up on their behalf. People and relatives were informed and knew how to make a complaint if they needed to. The provider regularly sought people's and relatives' views about the service. Findings from this were used to inform and make any care improvements needed.

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.

Required staffing, environmental and care safety measures were consistently operated, checked and followed to ensure people's safety. People's medicines were safely managed. Incident reporting, related management monitoring and care review arrangements, helped to inform and ensure any care or safety improvements needed.

Is the service effective?

Good ●

The service was Effective

People's care needs and choices were effectively accounted for. People were happy and comfortable with the home environment, which met their needs. Staff were trained and supervised to provide people's care. Staff obtained people's consent or acted in their best interests when required, to ensure people received care that was lawful.

People were effectively supported to maintain and improve their health and nutrition, in consultation with relevant external health professionals when required. Relevant information sharing was ensured for consistent, timely support if people moved between services.

Is the service caring?

Good ●

The service was Caring.

People received care from kind, caring staff, who ensured their dignity and rights in care. People were provided with accessible information about the service, to help them understand what they could expect from their care.

People were involved and supported to make decisions about

their care and daily living arrangements and to access relevant advocacy services if they needed someone to speak up on their behalf.

Is the service responsive?

Good ●

The service was Responsive.

People received individualised care from staff who knew them well and promoted their preferences, choices, personal aspirations and lifestyle wishes.

People were informed, confident and supported to make a complaint if they needed to. The provider regularly sought feedback from people and relatives, to help inform and make any service improvements needed.

Is the service well-led?

Good ●

The service was Well Led.

The service was well managed and led. Effective management systems and provider oversight of the service, helped to consistently ensure the quality and safety of people's care and ongoing service improvement.

Staff were supported and informed to perform their role and responsibilities for people's care. People, staff and others with an interest were regularly consulted and involved in people's care, including relevant external agencies. This helped to inform and enhance people's care experience.

The provider met their legal obligations to share relevant information with us about people's care and to inform others with an interest about our judgements of the service.

Laurel Grove

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 26 July 2018 and was the first inspection for this provider. The inspection was unannounced and completed by one inspector.

Before our inspection the provider sent us their completed 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 any improvements they plan to make. We spoke with local authority care commissioners for people's care at the service. We also looked at all of the key information we held about the service. This included written notifications about any changes, significant events or incidents that providers must tell us about.

We spoke with three people receiving care at the service, a care staff, the deputy manager and the registered manager. We also spoke with two community professionals involved in people's care at the service. We looked at three people's care records and other records relating to the management of the service. This included staffing, medicines, complaints and safeguarding records; and the provider's checks of quality and safety. We did this to gain people's views about their care and to check that standards of care were being met

Is the service safe?

Our findings

People felt safe at the service and were confident to raise any concerns, or worries if they needed to. One person said, "I feel safe; staff are here at night." Another person, said, "I talk to staff and [manager]; they listen; look after us."

People told us about some of the provider's arrangements, that helped them to feel safe. This included the provision of relevant safety training for people and staff to follow; such as in the event of a fire alarm, any safeguarding or personal safety concerns and for food hygiene and handling. People and staff were also provided with relevant safety guidance to follow, if they needed to. This was provided in an accessible format for people, which they could understand.

Assurance was provided by the registered manager, for review of the provider's emergency contingency plans relating to lone staff working, in the event of a staff member's serious ill health emergency.

Staffing arrangements, including for staff recruitment were sufficient and safe. The provider followed nationally recognised guidance to check staff were safe to provide people's care at the service before they commenced their employment. Regular account was taken of people's individual care and support needs and used to inform staff deployment arrangements to ensure sufficient provision.

Risks to people's safety associated with their health condition or environment were assessed before people received care; recorded and regularly reviewed with them. Staff understood and followed related care actions required, to help reduce any related risks identified to people's safety. This was done in a way that ensured lawful, least restrictive practice. For example, risks from malnutrition or risks from any personal behaviours that may be difficult for others. A summary of people's care information relating to their individual safety and medicines needs was provided; to go with the person if they needed to transfer to another care provider.

Management systems were in place to regularly check, monitor and analyse any health or safety incidents at the service and to identify any trends or patterns that may help to inform or improve people's care. There were no significant safety incidents at the service, since the provider's initial registration with us in February 2017. This helped to inform and ensure people's safety needs.

People's medicines were safely managed and subject to regular risk assessment, review and ongoing management checks. Staff responsible for people's medicines received training, regular updates and competency checks when required. During our inspection we saw staff supported people to receive their medicines safely, at the times they needed them. This showed people were protected from any risks associated with unsafe medicines management.

The home was kept clean, hygienic and well maintained. Staff were trained and equipped to ensure they followed safe practice for infection prevention, control and cleanliness at the service. For example, to ensure the correct use of personal protective clothing, such as gloves and aprons, when they provided people's personal care, handled waste materials or dirty laundry. This helped to protect people from the risk of a

health acquired infection from cross contamination.

The provider followed relevant fire safety advice from the local fire authority's last visit to the service in February 2018. A letter from the local environmental health authority, showed they found safe food hygiene and handling arrangements at the premises in November 2017. This helped to ensure people's safety at the service.

Is the service effective?

Our findings

People received effective care and were happy with this. Staff supported people to maintain or improve their health and nutrition when required. This was done in consultation with relevant external health professionals, who staff supported people to access, when required. This included for any routine or specialist health screening. One person said, "Yes, I go to the hospital for my hearing aids and get my batteries." Another person said, "I go to see the doctor." Another person said, "I am going to the dentist this week." Staff supported people to plan, shop for and eat healthy meals, which they enjoyed. People all said they were happy with this.

Staff understood people's individual health conditions, learning disability and how they affected them. People's related personal care needs and support requirements, were assessed in consultation with them and others, who knew them well. This was done before people received care and recorded in their individual health and personal plans, which were agreed and regularly reviewed with them.

People were informed and supported to understand and manage their own health conditions in a way that was meaningful to them. All were provided with their own health information diaries in an accessible format, which included simple words, pictures and symbols. One person showed us their 'diary', which they were particularly pleased with. This help people to understand their health needs and what they needed to do to stay healthy.

Each person had a 'Red Bag.' This is a nationally recognised care pathway that is used to transfer standardised paperwork, medicines and personal belongings with the person if they need to transfer to another care provider, or in the event of a person's admission to hospital due to ill health. This information stays with the person and is returned home with them. It can also be added to. For example, to ensure accurate discharge and ongoing care information. This helps to ensure that everyone involved, has the necessary information to provide the person with consistent, informed and effective care. It also helps to reduce the amount of time taken for ambulance transfer times and for accident and emergency assessment time; and avoidable hospital admissions.

People's care arrangements reflected nationally recognised guidance, to enable people living with learning disabilities or autism, to receive the right support. Staff we spoke with understood and followed the related care values to promote people's choice, independence, inclusion and rights to live as ordinary a life as any citizen. Staff told us it was important to work with people at their own pace and we found this was done in a way that helped to promote people's independent living skills, confidence and sense of personal achievement.

Staff said they received the training and support they needed to provide people's care. All were very positive about this, which included bespoke training relating to people's individual health conditions and related care requirements. Staff said they were kept up to date through their training, instruction and supervision arrangements with any new or changes in nationally recognised care practice or legislation. This showed people received care from staff who were informed, trained and supported to perform their role and

responsibilities.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The 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 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. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Consent to care was sought in line with the MCA. Staff understood how to support people to make decisions, or respond when people were unable to make specific decisions. The registered manager had arranged a best interest meeting with relevant parties concerned with one person's care; to help determine whether a DoLS authorisation application was required. People's care records showed assessments of their capacity and best interest decisions were specified when required. This helped to ensure people received care that was lawful and in their best interests.

The environment was adapted to meet people's individual needs. This included for their independence and privacy needs. People had access to a well-kept, private outdoor garden space, with seating and a garden table which they enjoyed. People said they were comfortable and satisfied with their environment and their own rooms, which they were able to personalise and choose how to decorate as they wished.

Is the service caring?

Our findings

People told us they were happy living at the service; liked care staff and got on well with them. One person said, "Staff are good; they are my friends, they help me." Another person said, "I am happy; staff are nice; I have friends; and a girlfriend – I go and see them; I send birthday cards and presents – staff help me." Another person showed us a seat, which they liked to sit on in the garden. They told us staff had helped them to place this, in memory of their late mother.

Throughout our inspection we saw that staff treated people with care and respect, to ensure their dignity. Staff had good relationships with people, who they knew and communicated well with. Staff interacted with people as equals, with kindness, encouragement and good humour. Staff told us about one person who could easily become anxious and worried if they were tired. During the afternoon of our inspection we saw that staff noticed when this occurred. They were supportive and encouraged the person to take some time out; to rest and have a 'nap' in their own room, if they wished to do so. The person followed staffs' suggestion, which was known to often help the person in this way. This demonstrated a thoughtful, kind and caring approach by staff.

We saw that staff consulted with people about their plans for the day and supported their daily living choices, routines and care preferences. This included meal choices, where to spend their time, whether they wished to go out, visit friends or spend time individually in their own room or out in the garden. One person told us they often liked to spend time by themselves, either in their own room or in the garden, where they liked to help and busy themselves. They said that staff supported them to do things they enjoyed. This included visiting family independently and pursuing their chosen interests and hobbies as they wished.

People's agreed care and preferred daily living routines were detailed in their written care plans for staff to follow. Staff understood and followed what was important to people for their care and personal relationships. People were supported to maintain their contacts with family and friends as they chose and to access lay or specialist advocacy services, if they needed someone to speak up on their behalf.

Staff used a range of accessible ways to communicate with people and help them to understand their rights and what they could expect from their care. Each person had a 'Communication Passport,' to show staff and others how to communicate effectively with them, which staff understood. People were also provided with a range of general and individualised care, health promotion and service information, in suitable formats to help them understand. This included a published Charter of Rights for people, which staff understood and followed. This helped to ensure people's dignity, independence and rights in relation to their care and daily lives. Related staff training measures and regular management checks of people's care helped to ensure staff consistently followed this.

Is the service responsive?

Our findings

People received individualised care, which met with their choices, daily living and lifestyle preferences. This information was recorded in people's written care plans for staff to follow. One person said, "We talk, go out, see friends, help with meals, go places I like." A care staff member said, "This is their home and their life; We are here to make sure people are happy; to help them make the right choices and live as independently as they can and to live their life like anyone else."

During our inspection we saw that staff responded in an individualised and timely manner, to provide people with the assistance and support they needed. This included supporting and motivating people to accomplish routine daily living tasks. Or, supporting people to rest and spend time in the way they preferred. This was done in a way that promoted people's independence and personal accomplishment and met their individually assessed care needs. People were supported to regularly engage in social, recreational, spiritual and occupational activities of their choice, either alone or with others who had similar interests.

Staff understood what was important to people for their care and how to communicate with people in a way they understood. During our inspection, we saw staff were observant and took time with people to support them at their own pace when they provided care. This included, providing people with any reassurance, emotional or practical support when needed. This showed staff were responsive to people's care needs, in a way that was meaningful and helpful to them.

The provider complied with the Accessible Information Standard (AIS). The AIS was introduced to make sure people with a disability or sensory impairment are given information in a way they can understand. People were provided with service and care information in a format they could understand; such as easy read language or large print.

People were regularly supported to engage in home and community life, as they chose. Regular individual and community meetings were held with people to consult with them about their care, home life and daily living arrangements. Staff understood and followed people's preferred daily living routines, wishes, life and health aspirations. These were agreed with people and shown in their written care plans. For example, staff were supporting one person who felt they may want to move out of the area, to be near to their family. Staff were working in consultation with the person, a relevant social care professional and the person's family to help the person make the right decision about their future care. Action was recently taken by staff, to source and enable another person to join a local community drama group, which they were particularly pleased about. The person said, "Its' good; I love going."

People were informed and confident to raise any concerns or make a complaint about their care if they needed to. People's and relatives' views about the quality of care provided were regularly sought by a range of methods. This information was used to inform and make care changes or improvements when required.

We have not reported on end of life care for people at the service as there was no one receiving this at the time of our inspection.

Is the service well-led?

Our findings

The service was well led. There was registered manager for 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, relatives and staff were happy with the management and running of the service and found the registered manager to be visible, open, helpful and approachable. One person said, "The manager is nice; talks to me; it's alright."

Staff were kept informed and understood their role and responsibilities for people's care. Staff followed the provider's stated care aims and relevant communication and reporting procedures when required for people's care. A range of comprehensive operational care policies and related safety procedures were provided to inform and support people's care and related staff practice. The provider sought regular opportunities to review and improve the service against nationally recognised guidance.

The registered manager and an external manager for the provider, regularly checked the quality and safety of people's care at the service. For example, checks of people's health status, medicines and safety needs. Accidents, incidents and complaints were also regularly monitored and analysed, to identify any trends or patterns that may inform any care improvements required. When any resulting changes or improvements were needed for people's care, staff confirmed this was communicated to them in a timely manner by management. Staff performance management and development measures were also consistently operated.

The provider regularly engaged with people and relatives to obtain feedback about their care experience and to keep them informed about the service. Records showed their satisfaction with care and service provision. This helped to inform and ensure the quality and safety of people's care and related staff practice.

The service worked closely with and liaised with relevant external agencies and health professionals concerned with people's care at the service. For example, to support people's mental and physical health improvement when required. This helped to ensure people received care that was effective, lawful and met with nationally informed care standards.

The provider sent us notifications about important events when they happened at the service. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed this in the home and on their website.