SHC Rapkyns Group Limited

The Laurels

Inspection report

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Date of inspection visit:
25 April 2016

Date of publication:
23 June 2016

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

The inspection took place on 25 April 2016 and was unannounced.
The Laurels provides accommodation in four lodges called Birch Lodge, Juniper Lodge, Cherry Lodge and Aspen Lodge, which are all on one site. The Laurels provides nursing and personal care for up to 41 people who may have learning disabilities, physical disabilities and sensory impairments. There were a high number of vacancies, this was due to The Laurels being registered by CQC on 20 July 2015, at the time of our inspection there were 28 people living at The Laurels. Additional people moving in to The Laurels were going through a period of assessment and transition.

The service had 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.

People living at the service had their own bedroom and en-suite bathroom. In each lodge there is a communal lounge and separate dining room on the ground floor where people can socialise and eat their meals if they wish. The lodges share transport for access to the community and offers the use of specialist baths, spa pool, physiotherapy, weekly GP visits, 24-hour nurse support, multi-sensory room, social and recreational activities programme and a swimming pool. The service had a gym, which offered exercise equipment and had been developed by the physiotherapists employed by the provider. There was a room allocated for using computers. This was a space for people to contact their relatives through Skype, Facebook and email. The service could accommodate relatives who wished to visit their family.

People received excellent care in a way that was personalised and responsive to their changing needs. Risks to people were managed in a proactive way, which enabled them to live independent and fulfilling lives. Staff worked closely with community health professionals and therapists to maximise people's well-being. People felt safe at The Laurels and had positive and caring relationships with the staff who supported them.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were offered a wide range of both group and individual activities that were meaningful to them and which had a positive impact on their lives. Visiting was unrestricted and people's relatives felt included in the care of their loved ones.

People were provided with a variety of meals and the extensive menu catered for any specialist dietary needs or preferences. Mealtimes were often viewed as a social occasion, but equally any choice to dine alone was fully respected.

People had confidence in the staff who supported them and felt safe in their care. People benefitted from sufficient staff deployed which meant that they never had to wait long for assistance. Staff treated them with kindness and took steps to promote their privacy and dignity at all times.

Staff enjoyed working at the service and felt well supported in their roles. They had access to a wide range of training, which equipped them to deliver their roles effectively. Staff completed an induction course based on nationally recognised standards and spent time working with experienced staff before they were allowed to support people unsupervised. This ensured they had the appropriate knowledge and skills to support people effectively. Records showed that the provider's required staff training was up to date. Staff told us that they felt supported and received training to enable them to understand about the needs of the people they care for. People and their relatives felt the staff had the skills and knowledge to support people well.

We saw that staff recruited had the right values, and skills to work with people who used the service. Where any issues regarding safety were identified in the recruitment process, appropriate safeguards had been put in place. Staff rotas showed that the staffing levels remained at the levels required to ensure all peoples needs were met and helped to keep people safe.

Policies and procedures were in place to ensure the safe ordering, administration, storage and disposal of medicines. Medicines were managed, stored, given to people as prescribed and disposed of safely. Nurses had completed safe management of medicines training and had their competency assessed annually. The nurses were able to tell us about people's different medicines and why they were prescribed, together with any potential side effects.

Staff told us they worked as part of a team that was a good place to work and staff were very committed to providing care that was centred on people's individual needs.

People received care and support which was responsive to their needs. Care plans provided detailed information about people so staff knew exactly how they wished to be cared for in a personalised way. People were at the forefront of the service, were cared for as individuals, and encouraged to maintain their independence. A wide and varied range of activities was on offer for people to participate in if they wished. Regular outings were also organised outside of the service and people were encouraged to pursue their own interests and hobbies.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The members of the management team and nurses we spoke with had a full and up to date understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). These safeguards protect the rights of adults by ensuring that if there are restrictions on their freedom and liberty these are assessed by appropriately trained professionals. We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations.

The registered manager was a strong leader and role model and there were systems in place to develop staff skills and promote reflective practice. Staff were proud to work at The Laurels and felt valued and empowered to deliver high quality care. People benefitted from living in a well organised, forward thinking service where their needs were always put first. The culture of the service was open and people felt confident to express their views and opinions. The registered persons provided clear leadership and direction to staff and were committed and passionate about the quality of care provided. Quality assurance processes were robust and action plans to improve the service were prioritised and completed quickly. National best practice legislation and local policies were referenced to set and measure standards of care.

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.

There were systems in place to protect people from the risk of harm and abuse. People were protected from harm and received support from staff who safeguarded them.

Risks to the health, safety and well-being of people had been identified and assessed. They were addressed in a personalised, enabling way that promoted their independence and kept people safe.

The service had safe and robust recruitment procedures, which ensured that people were supported by suitable and sufficient numbers of staff.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with the Mental Capacity Act 2005 legislation and staff understood the requirements of this.

Staff had completed sufficient induction and were provided with on-going training, support and supervision to ensure they always delivered the very best care.

People were provided with a choice of high quality meals, which met their personal preferences and supported them to maintain a balanced diet and adequate hydration.

People were supported to maintain good health. The service had good working relationships with other professionals to ensure that people received the very best holistic care.

Is the service caring?

Good

The service was caring.

People and their relatives without exception highly praised the kindness of the care staff who supported them. Relatives told us staff were caring and provided person centred care.

Staff spoke with pride about the service and about the focus on promoting people's wellbeing. Staff were extremely passionate and very enthusiastic about ensuring the care they provided was personalised and individualised. Staff were very respectful of people's privacy and dignity.

Staff had a good understanding of people's needs and worked with them to ensure they were actively involved in all decisions about their care and treatment.

People were supported to express their views at a time that suited them and were actively involved as much as they were able in making decisions about all aspects of their care.

Is the service responsive?

Good

The service was responsive.

People received a personalised service that was responsive to their changing needs. Care plans provided detailed information to staff about people's care needs, their likes, dislikes and preferences. Staff understood the concept of person-centred care and put this into practice when looking after people.

Staff supported people to be as independent as possible and continually placed people at the centre of their work.

The service placed a strong emphasis on meeting people's emotional well-being through the provision of meaningful social activities and opportunities. People were also encouraged to pursue their own hobbies or interests.

People were actively supported to be part of their local community. This promoted positive care experiences and enhanced people's health and wellbeing.

People, relatives and staff felt valued because their views were listened to and any issues raised were handled in an open, transparent and honest way.

Is the service well-led?

Good

The service was well-led.

The vision and values of the service were understood by staff and embedded in the way staff delivered care. The registered manager and staff had developed a strong and visible person centred culture in the service and all staff we spoke with were fully supportive of this. Staff told us the management team were knowledgeable, encouraged a caring approach and led by example.

There was a range of robust audit systems in place to measure the quality and care delivered.

The home ensured a high quality service was delivered by learning from people's views and experiences and comparing these to best practice guidelines.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 April 2016 and was unannounced. The inspection team consisted of one inspector and a specialist speech and language advisor.

Before the inspection, we reviewed records held by CQC, which included notifications and other correspondence. A notification is information about important events, which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. 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.

As part of this inspection, we spent some time with people who used the service talking with them and observing support, this helped us understand the experience of people who used the service. We spoke with five people who lived at the service, three relatives, six staff, two of which were registered nurses, the registered manager and one external health and social care professional. Following the visit, we also contacted health care professionals to seek their views.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a variety of documents and records, which included five people's care plans, five staff files and other records relating to medicines management and the management of the service.

The Laurels was registered by CQC on 20 July 2015. New services are assessed to check they are likely to be safe, effective, caring, responsive and well-led. This was the first inspection of The Laurels since their registration.

Good

Is the service safe?

Our findings

People and their relatives described the service as very good and everyone we spoke with told us they felt that people were kept safe. One person told us, "I like everything about The Laurels, specifically physiotherapy and hydrotherapy as this makes me feel safe." Another person told us, "They [staff] look after me well."
Relatives felt the service provided a safe environment for people who used the service. One relative told us, "They [the staff] took time from day one to understand my [relative]. Since then they have listened to us and followed our advice. The staff try very hard to use the agreed techniques to communicate with [relative] and keep them safe." Another relative told us, "I know that [my relative] is safe. I have no concerns. [Relative] is happy."

The provider had safeguarding policies and procedures in place to guide practice. Safeguarding procedures were designed to protect people from abuse and the risk of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. Where concerns had been raised, the registered manager had notified the relevant authorities and taken action to ensure people were safe. The safeguarding procedure was on display in the service, along with a flowchart making information accessible and clear to staff. We saw that body maps were completed in each person's care record to record any injuries along with an explanation. The service also had a whistle blowing policy to guide staff on how to raise concerns they have about safe practices. Staff were aware of this policy and felt confident in raising concerns with the registered manager.

Before people moved to the service an assessment was completed. This looked at the person's care needs and any risks to their health, safety or welfare. Where risks were identified, these had been assessed and actions were in place to mitigate them.

We saw that the risk assessment process supported people to increase their independence. Where people did not have the capacity to be involved in risk assessments we saw that their relatives or legal representatives had been consulted. The service demonstrated a culture aimed towards maintaining people's independence for as long as possible. Care plans contained risk assessments in relation to challenging behaviour, accessing the community, cooking, medication, nutritional risk, using specialist equipment such as a hoist and transferring from one piece of equipment to another such as a wheelchair to a shower trolley and how these affected their wellbeing. People's care plans noted what support people needed to keep safe. For example, they provided information about support each person required in relation to safety awareness and completing activities such as going swimming, having a bath and accessing the community. These risk assessments detailed the required staffing ratio at different times and for specific activities to ensure the safety of people, staff and others. Each person had assessments about any risk that were pertinent to their needs and these had been reviewed regularly. Care plans were clear and evidenced involvement of the person who used the service where they were able, their relatives and advocates.

We saw risk assessments had been developed where people displayed behaviour, which challenged others. These provided guidance to staff so that they managed situations in a consistent and positive way, which protected people's dignity and ensured that human rights were protected. The care plans described the steps they should take when supporting people who may present with distressed reactions to other people and or their environment. Staff were able to tell us about individual triggers, which might affect people's behaviour, and different techniques they used to defuse and calm situations. The staff told us they did not use direct restraint and used various supervision and communication techniques and their knowledge of the person to keep people safe. These plans were reviewed regularly and where people's behaviour changed in any significant way saw that referrals were made for professional assessment in a timely way. During our inspection, we observed sensitive interventions by staff that recognised triggers for behaviours.

We were told that people were free to move around the service and we saw this during our visit. We saw staff assisted people to go out on outings or for walks or just to the dining room area to be able to participate in activities. Staff supported people to move around in a safe and reassuring way.

The control and prevention of infection was managed well. We saw evidence that staff had been trained in infection control. The registered manager ensured best practice guidance was available and followed by staff ensuring staff knowledge was up to date. Care workers were able to demonstrate a good understanding of their role in relation to maintaining high standards of hygiene, and the prevention and control of infection. Areas of the service we saw were clean and well maintained. Relatives told us the service was always clean when they visited.

Equipment and utilities were serviced in accordance with manufacturers' guidance to ensure they were safe to use. Gas and electric safety was reviewed by contractors to ensure any risks were identified and addressed promptly. Fire equipment such as emergency lighting, extinguishers and alarms, were tested regularly by an external maintenance engineer to ensure they were in good working order. Each person had a personal evacuation plan so staff knew what to do to support people to evacuate the premises in an emergency.

On the day of our inspection, we saw there were enough staff in sufficient numbers to keep people safe and the use of staff was effective. There were some people who lived at The Laurels who were supported on a one to one basis during the day and we saw adequate staff were on duty to ensure this was maintained. The registered manager told us people accessed the community based on contractual agreement they had with the local authority who was funding the placement. There were at least 16 care staff and two nurses on each day across the service to ensure people were able to access the community and do activities they had chosen.

Relatives told us, there were always sufficient staff on duty to ensure the activities took place. One relative told us when they visited they took their relative out. They explained they would prefer their relative to access the community more often, but told us they understood, it was to do with funding availability that hampered this, not the provider. However, during our visit we observed the person's social worker, the registered manager and the relatives exploring how the person's allocated 1:1 hours could be used in the community rather than in the service. The relative stated they felt encouraged by this and used this as an example of how the registered manager will always act immediately to suggestions the family have. Another relative told us, "There is always enough staff, [relative] is able to get out every week, I've never had a problem."

The recruitment and selection process ensured staff recruited had the right skills and experience to support the people who used the service. The staff files we looked at included relevant information, including

evidence of Disclosure and Barring Service (DBS) checks and references. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Records showed checks were made that staff from overseas had the authority to work in the UK and that registered nurses were registered with the Nursing and Midwifery Council (NMC). Prospective staff underwent a practical assessment and role related interview before being appointed. This meant people were safe as they were cared for by staff whose suitability for their role had been assessed by the provider.

People's medicines were managed safely in accordance with current legislation and guidance. This was because medicines had been administered by staff who had completed appropriate training and had their competency assessed annually by the registered manager. Staff told us about people's different medicines and why they were prescribed, together with any potential side effects. People's preferred method of taking their medicines, and any risks associated with their medicines, had been documented. We looked through everyone's medication administration records (MAR). They included a picture of each person, any known allergies and any special administration instructions. The MAR forms were appropriately completed and records confirmed that people received their medicines as prescribed. Where people took medicines 'As required' there was guidance for staff about their use. These are medicines, which people take only when needed. Medicines were stored safely and securely.

Good

Is the service effective?

Our findings

Everyone we spoke with praised the quality of the service. One person told us, "They [staff] involve me in any decision making and I am involved in all planning of my care."
All of the relatives and professionals we spoke with told us the service maintained high levels of well trained staff, and that this was a contributory factor in how good the service was at ensuing people's needs were met and kept safe. One relative told us, "The staffing is phenomenal, they have time for you." A visiting social worker told us, "I am really impressed. They link in with me and keep me up to date with [person's name] care. Care plans developed are always kept up to date and sent to me. Communication is good. They [registered manager] send me reports of [person's name] progress. The staff are brilliant."

We saw everyone had choices of when they wanted to eat, what they wanted to eat and where they wanted to eat. There was a main meal cooked at lunchtime taking into account people's preferences, but again people had the choice of something different if they wanted. We saw a good variety of food and healthy snacks were available including fruit. People were also encouraged to assist with cooking as part of their weekly activities. Staff used a Malnutrition Universal Screening Tool (MUST) which is a screening tool to identify adults who are malnourished, at risk of malnutrition, or obese. Care plans were also in place to guide staff about the
level of support people needed. For example, if they were on a soft diet, required thickened fluids or their weight monitoring. Kitchen staff knew of the people who may require fortified and high calorie diets and they ensured this was delivered.

We looked at people's care plans in relation to their dietary needs and found they included detailed information about their dietary needs and the level of support they needed to ensure they received a balanced diet. We saw people's weight was monitored where they were either assessed as at risk of not receiving adequate nutrition or at risk of becoming overweight due to their medical conditions. This was monitored and professional advice obtained if required. Annual reviews with the local authority responsible for people's care funding demonstrated staff always sought advice and guidance when needed.

People's care records showed that their day to day health needs were being met. People had good access to healthcare services such as dentist, optical services and GP's. People's care plans provided evidence of effective joint working with community healthcare professionals. We saw that staff were proactive in seeking input from professionals such as advocates. The user of advocates is a way to help people have a stronger voice and to have as much control as possible over their own lives. An advocate can speak on behalf of people who are unable to do so for themselves. Input was also sought from dieticians and an external company that advised on managing challenging behaviours.

All staff underwent a formal induction period. Staff shadowed experienced staff until such time as they were confident to work alone. Staff felt they were working in a safe environment during their induction and that they were well supported.

A visiting social worker and relatives told us the staff were very well trained, understood people who lived at

The Laurels and were very effective in dealing with behaviours that challenged. An external training provider for challenging behaviour gave positive feedback to us about how staff were skilled in dealing people's behaviour needs.

A psychologist within the local community team in West Sussex became involved with a person when they moved into the home due to their increase in challenging behaviours. In a review report about the person, the staff team were complimented on how well they had worked with the individual over a period of time, resulting in the behaviours reducing and the psychologist discharging the person. This was due to the skills, training and rapport the team had.

New staff were required to complete the Care Certificate, a nationally recognised set of standards that health and social care workers adhere to in their daily work. This covered 15 standards of health and social care topics. Essential training had been completed by existing staff in moving and handling, health and safety, infection prevention and control, safeguarding, medicines, food hygiene, first aid, equality and diversity, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

All staff were required to complete essential training; this was over a four-day period when they first started. Staff had completed qualifications in health and social care such as the National Vocational Qualification in Levels 2 and 3. There were opportunities for staff to take additional qualifications and for continual professional development. For example, staff had attended training on managing epilepsy to be able to meet the needs of people who used the service. The registered manager said the provider was very supportive of staff. The training offered to staff enabled them to gain the skills and knowledge to effectively meet people's needs. Some staff had received specific and additional training to enable them to become 'champions' in particular areas. Champions provided additional support, advice and guidance to other care staff. There were champions in Autism and Challenging behaviours. The champion in Autism had completed their Autism Awareness Level 3 training. This ensured staff had the appropriate knowledge and skills to support people effectively.

Staff were formally supervised, appraised, and confirmed to us that they were happy with the supervision and appraisal process. Staff supervisions ensured staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. All staff felt well supported in their roles and said they were able to approach the registered manager with issues at any time. Supervisions were undertaken regularly in line with the provider's policy and more frequently if required, for example, when staff first commenced employment. We saw staff meetings were held regularly to ensure good communication of issues and learning between staff.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisations. Where Deprivation of Liberty Safeguards decisions had been approved, we found that the necessary consideration and consultation had taken place. This had included the involvement of families and multi-disciplinary teams.

We also checked people's records in relation to decision making for people who were unable to give consent. Documentation in people's care records showed that when decisions had been made about a person's care, where they lacked capacity, these had been made in the person's best interests. All staff were able to tell us their understanding of the MCA and DoLS and were able to apply the requirements of the acts in practice ensuring peoples day-to-day care and support was appropriate, and that their needs were met.

The service provided specialist care for adults with autism and additional learning disabilities or other complex needs. We checked to see that the environment had been designed to promote people's wellbeing and ensure their safety. The service was well maintained and decorated and furnished in a style appropriate for the young people who used the service.

Each person had their own bedroom, which was individually personalised by bringing in personal belongings that were important to them. Rooms we saw were individualised and contained items of importance from their lives. Where people did not have family or friends to help them to personalise their rooms, staff had helped them to make their rooms homely.

There were different lounges throughout the service where people could either spend time with friends or be on their own if they wanted calm and quiet. People could move freely around the shared areas.

Good

Is the service caring?

Our findings

People repeatedly praised the caring nature of staff and highlighted the kindness that had been shown to them. Relatives and external professionals said they could not fault the service. One person told us, "The staff are very kind and caring. They [staff] are lovely." Another person said, "They [staff] are wonderful." Another person described the service as, "everyone here are my family, I am happy." Relatives were equally complimentary of the care their family members received. One relative told us, "It's an amazing place, nothing is too much trouble." People and their relatives expressed great thanks to all staff and management involved in the running of the service who were all frequently described as "Going above and beyond."

A social worker visiting told us, "The staff are very very caring." Health and social care professionals gave feedback informing us that staff were very caring. Another social worker fed back to us, "I found every single member of staff friendly and very caring towards [person]". Feedback also included how staff took a personal interest in every person and that it was always a pleasure to visit.
Staff told us, "It's all about communication. We don't see the disability. We see the person in front of us." Another staff member told us, "We make sure we promote the caring situation. We want to promote independence as much as possible, the person always comes first."

We observed good interaction between people and staff who consistently took care to ask permission before assisting them. There was a high level of engagement between people and staff. We found staff we spoke with were knowledgeable on how different people they supported responded to different communication methods. This included picture cards, Makaton and visual aids. We saw staff using visual aids to help people be able to make decisions.
Consequently, people felt empowered to express their views. It was obvious that staff had the skills and experience to manage situations as they arose and provided care to a consistently high standard. For example, we observed one member of care staff discussing menu options with a person who required a soft diet. The staff member spent 30 minutes going through the weekly menu with the person, deciding which foods would be most appetising when presented in soft form. The person needed time to reflect on the choices and look at the pictures. The staff member adopted a collaborative approach, allowing the person to express themselves fully and be in charge of the decision making process.

We saw that care delivered was of a kind and sensitive nature. Staff interacted with people positively and used people's preferred names. We saw that people's dignity and privacy were respected and relatives said they always experienced this to be the case. For example, we saw staff sitting outside people's rooms when the person wanted some privacy while still maintaining their safety. Staff also knocked on doors before they entered and they asked people before supporting them.

Training was arranged to meet people's specific needs and some staff were 'champions' in particular areas, such as an autism champion. The registered manager told us the champion role being developed was to be seen as a role model who was committed to taking action, however small, to create a service that had compassion and respect for people who lived there. Staff told us it was important to ensure all people who lived at The Laurels were being treated with dignity. Staff explained it was a basic human right, not an option

and that staff were at all times compassionate, person centred and willing to try new things to achieve this. The impact of which would be improving the quality of care and experiences for people who used the service.

People were treated and respected as individuals. Staff took the time to get to know people and what was important to them. Due to one person's complex needs, they were entirely dependent on staff making their room accessible to them. Through the careful positioning of specialist equipment, staff had enabled this person to have full control of their call bell, lighting, television and computer. We spent time with this person who told us every day without fail staff would ensure that everything was set up correctly to give them this independence. They told us staff were caring and kind.

We spent some time in the communal areas during the inspection. We saw that staff were consistently reassuring and showed kindness towards people when they were providing support, and in day-to-day conversations and activities. The interaction between staff and people they supported were inclusive and it was clear from how people approached staff they were happy and confident in their company.

From conversations, we heard between people and staff it was clear staff understood people's needs; they knew how to approach people and also recognised when people wanted to be on their own. Staff we spoke with knew people well, and described people's preferences and how they wished to be addressed or supported.

All staff showed concern for people's wellbeing in a caring and meaningful way and were passionate about their role. The service offered additional free services to people. For example, they invited relatives for meals and to events. At the time of our visit, there had recently been an Easter celebration. The registered manager told us it gave parents an opportunity to meet each other, share experiences and knowledge. The service had provided food and drink and we were told it was a pleasant occasion. Another event was being planned for the summer. Where people who did not have relatives or family involvement we saw that advocates had been involved to ensure their views, choices and decisions were heard.

Staff told us that the management team were very good and they all worked well as a team supporting each other. Staff said the registered manager and the deputy were very knowledgeable and led by example. We saw there were hand overs at the start of every shift to ensure any changes were relayed to staff to ensure people's needs were met.

People's religious, cultural and personal diversity was recognised by the service, with their care plans outlining their backgrounds and beliefs.

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff.

People were supported to maintain important relationships and staff extended their caring approach to people's relatives. Relatives told us staff understood the importance of including relatives and close friends in the person's care planning and care delivery. Relatives and visitors were encouraged in the service at all times. Relatives spoken with said that they were able to call in at any time and always made to feel welcome.

The service had received many letters and cards of thanks from people and relatives about the care they had received. A common theme to these compliments was the dignity and compassion shown to people. On

a professional website for relatives to leave feedback, we observed these written comments: 'This is a great care service with capable management leading a team of staff keen to do their utmost to improve the wellbeing and enjoyment of the service user. My daughter settled quickly, despite a previous placement breakdown, which is due to the attitudes and approach of the staff. I have found them to be good listeners with a practical and proactive approach.' Another relative wrote, 'I would just like to say that I'm overwhelmed with the polite attitude and kind caring nature of the staff and management at your service and it is a breath of fresh air to see your staff in action and the commitment they give. I would recommend this service to anyone who is looking for a service away from the service style care and help. Keep up the good work.'

Good

Is the service responsive?

Our findings

One person's relative told us, "My [relative] was the first person to move into the lodge when The Laurels opened. Initial care was excellent. Staff really interacted with us and [relative]. Activities are always planned. I wouldn't have placed [relative] here if they [provider] didn't have certain values. The quality of care for my [relative] is of very good quality. [Relative] has come on leaps and bounds. This place responds." Another relative told us, "They are very responsive to people's health needs, the staff are brilliant." A visiting social worker told us, "Staff ensure people have a good quality of life and in my experience over the past year they [staff] are responsive."

We saw that prior to the admission of people to the service, a detailed care needs assessment had been carried out. This meant that the registered manager could be sure the needs of the individual would be met at the service, before offering them a place. In addition, the assessment process meant staff members had an understanding of people's needs when they began living at the service. People and their relatives confirmed that they had been involved in this initial assessment, and had been able to give their opinion on how their care and support was provided.

Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people. For example, one person had a history of taking all their clothes off in a communal area. The registered manager had assessed possible reasons for this and changed the environment to reflect the person's interests, ensured a stable team were assigned to them and involved external professionals to support the staff around this behaviour. The person no longer felt the need to demonstrate that behaviour and has not done for many months. This meant the person felt less anxious, confident and at ease with those around them. Their dignity was maintained. As another example, a person had been incontinent of urine. Staff identified this was because the previous placement had only used continence pads. The registered manager assessed this area of the person's life and completed a care plan for the person to use the toilet with a specially adapted seat. Staff introduced this to the person over time. As a result, the person was no longer incontinent and was able to use a toilet. This had ensured their dignity was maintained and improved their quality of life.

The care plan format provided a framework for staff to develop care in a personalised way. The care plans were person centred, had been tailored to people's individual needs and had been reviewed on a regular basis to make sure they were accurate and up to date. Where changes were identified, the information had been disseminated to staff, who responded quickly when people's needs changed, which ensured their individual needs were met. The care plans sampled was written in the first person for example, "If I am happy then I am quiet and I play with my hands", "I don't use or understand speech or signing", "My bed-time is around 7-8 pm." One person's care plan stated the person enjoyed a very deep bubble bath. Included in the care plan were photographs showing how deep the water should be and how high the person likes the bubbles to be around them.

The staff demonstrated a good awareness of how people with complex learning disabilities could present with behaviour that challenged and could affect people's wellbeing. The individualised approach to

people's needs meant that staff provided flexible and responsive care, recognising that people could live a full life involved in the community and interests. Relatives commented on the staff's knowledge of people's needs and how they understood the triggers and how to distract to prevent an episode of challenging behaviour. We observed this in practice; all interactions seen involved a great deal of communication. We observed staff used the spoken word, signing, pointing and using objects for choice. This communication was at the appropriate level for people's understanding without being patronising or childish.

Health care review minutes and records completed by health care professionals such as G.P or physiotherapist demonstrated staff were responsive to people's needs. Records indicated staff contacted them if there were any changes and did seek advice and guidance. Records demonstrated professional advice was followed.

The registered manager told us that staffing numbers were configured to allow people to participate in activities off site, and we saw that staff went off site with people to participate in activities of their choice. The staffing levels meant the activities could be individualised and meet people's preferences and there were high levels of engagement with people throughout the day.
There was a range of activities and we saw that staff actively encouraged and supported people to engage, which helped to make sure they were able to maintain their hobbies and interests. People accessed the community on a regular basis continuing with hobbies and interests they had before they moved to The Laurels. The registered manager had facilitated enough staff on shift to support people who needed support on a one to one basis in the community.

We were shown the activity planners for five people; these were detailed and had pictures with activities for the people to be able to understand and make decisions. Activities included going to the beach, cinema, bowling, visiting museums and meals at local restaurants. There were also activities to promote independence for example shopping, cleaning and cooking. People were encouraged to make and update individual scrap books, which contained photos of the person doing their favourite activities.

Records demonstrated that people used the onsite facilities regularly such as the computer room, to watch their favourite programmes with headphones, using their face book, watching YouTube and contacting relatives on skype.

People external from the community visited The Laurels to use the facilities. For example; we observed people using the gym and engaging with one another. This meant people had the opportunity and were supported to participate in social activities to develop relationships. The gym offered much equipment and had been developed by the physiotherapists. Staff stated that each person had an initial visit to the gym with the physiotherapist to familiarise themselves with the area. We sampled risk assessments that had been completed once a person had been assessed and if they agreed to want to use the gym. The risk assessment completed stated what equipment they need to or wish to use. These were regularly reviewed to ensure people are safe with whichever equipment they may be using. This promoted positive care experiences and enhanced people's health and wellbeing.

A number of external specialists visited The Laurels to facilitate music therapy, reflexology, sensory storytelling and entertainers. The service put on events during the year such as for Easter, Summer BBQ's, Halloween and Christmas. These events included all the lodges coming together for a social occasion. People from other services run by the provider were also invited. On the day of our visit, it was a person's birthday. An external entertainer visited in the evening and the person had a big party. The person had invited all their friends across the lodges and external to the service. The service provided a buffet and many staff not working came in or stayed longer to participate in the party.

People had been encouraged by the deputy manager to meet and put together a 12 minute DVD of all their favourite activities. The DVD played in the communal area, which linked the lodges. People involved in this were evidently proud of this and showed the inspection team.

The environment had been arranged to promote people's wellbeing. There were large grounds with a pond with ducks and vegetable patch that people accessed. This meant there were no restrictions for activities, even if someone did not want to go out in the community. There were also multiple multi-sensory rooms in the service. In the entrance to The Laurels, they had an interactive floor mat. For example, an under-water experience appears on the floor and the person can stand on them. The staff told us this was used by a number of people who enjoyed the lighting and pictures. Bedrooms were large, bright and personalised for each individual. For people who were had a physical disability, tracking for hoists were seen in certain bedrooms as well as in the spa, hydrotherapy and specialist bathroom area.

Discussion with the members of the management team showed that complaints were taken very seriously. We looked at a complaint, which was made to the provider, and it had been addressed and resolved. Staff told us they were aware of the complaints procedure and knew how to respond to complaints. It was evident from the comments that were made by relatives that they knew how to complain and felt confident that they would be listened to. There was a comprehensive complaints policy; this was available to everyone who received a service, relatives and visitors. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to. Complaints records showed these were investigated thoroughly and promptly. No one we spoke to had any concerns at the time of our inspection. Relatives told us if they had raised any issues, no matter how minor the staff and registered manager had listened and that all issues had been addressed.

Good

Is the service well-led?

Our findings

There was positive feedback from everyone we spoke with about the leadership and there was a high degree of confidence in how the service was run. People told us, "I think he's nice [registered manager]", "He [registered manager] listens to me", "He always makes sure I'm ok".

People were cared for by staff who had the skills to deliver their support effectively. Staff were clear about their roles and responsibilities and who they reported to. There was a clear management structure in place. All the staff we spoke with said they felt comfortable to approach any one of the members of the management team. Staff told us, "[registered manager] is always around. He comes in for handover at 8 am so he knows exactly what is going on", "Managers are very visible", "We feel comfortable and confident", "This service is really well-led".

People were encouraged to view the service as their home. From the presentation of people's rooms, it was obvious that people had been supported to personalise them and make their living environment as homely as possible.

The service's policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies to ensure staff were always delivering care to current best practice. This included up to date legislation and publications from CQC, National Institute for Health and Care Excellence (NICE), the Health and Safety Executive and the Nursing and Midwifery Council. Through the use of regular staff meetings, reflective learning was encouraged and staff were invited to make pledges about how they intended to improve care. Through the process of supervising staff the service ensured those pledges were delivered to improve the quality of care people received. The minutes of records sampled showed what suggestions had been made by staff and how they were implemented.

There were numerous formal systems for gathering feedback, including regular residents' meetings, reviews and an annual questionnaire. There was also a wide range of audits used to monitor and analyse progress. Yet the biggest driver for improvement was the visibility of the service's leadership and their willingness to listen and learn. The registered manager had a contagious enthusiasm for improving people's experiences and led by example. Through discussions with him, people and staff, it was obvious that he had fostered a culture within the service of openness and reflection. Through the process of supporting staff, it was clear that his leadership style was one of high support and high challenge. As such, people were confident to express their views and staff felt able to challenge each other within a context of support and learning.

The culture was open and transparent so when things went wrong, the focus was not on blame, but on securing improvements. If people raised complaints or concerns, they had confidence that these would be fully investigated. When a relative raised concerns about their relative's bathroom floor, the registered manager took immediate action and arranged for an external contractor to replace the flooring to the person's liking. Similarly, another relative raised a concern about the use of a chair in their family member's bedroom; the registered manager took prompt action to risk assess the relative's proposed idea and then ensured a care plan was written and the person encouraged to use their armchair, to give them a rest from

their wheelchair. A social worker commented on some teething problems during a transition of a person and commented, "[registered manager] was responsive throughout the transition and I feel he acted upon the concerns we raised in a timely manner." Everyone we spoke to therefore had faith that if they suggested improvements that they would be delivered.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and their manager. The reports included any actions required and these were checked each month to determine progress. For example, the last quarterly health and safety audit was on 5 February 2016, which evidenced that recommendations and actions from the previous audit carried out on 16 October 2015 were met. These actions included completing consent forms for each person where photographs were being taken of them. Also to ensure the date and time was being entered for daily notes more consistently. Other audits carried out and were sampled included environment checks, infection control, fire safety medication and care plans. It was clear that timely action was taken to address any improvements required.

Satisfaction surveys were undertaken to obtain people's views on the service and the support they received. We saw the results of the last survey, which were all very positive. It was evident that the vision and values of providing a standard of care that is of a high standard, with dignity and respect had been embedded into the way the service was managed and put people at the heart of the service. Feedback from relatives were very positive and evidenced the quality of service provided was to a high standard.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw that nurses meetings were held and full team meetings. Staff told us there was also a thorough 'hand- over' at each shift change. Staff told us they felt the meetings were as frequent as required and were well attended. The minutes documented actions required to determine who was responsible to follow up the actions and resolve.

We saw there were meetings for people who used the service monthly. The minutes of the last meetings were available for all people to see. The minutes were not available in an easy to read format for people who used the service to understand, however staff told us that due to how complex minutes can be, they read them to people. People we spoke with confirmed they did not mind this method and actually preferred to have them read than see pictures.

We found that recorded accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. We saw the records of this, which showed these, were looked at to identify if any systems could be put in place to eliminate the risk.