

# HF Trust Limited

# The Laurels

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Laurels provides care and accommodation for up to 6 people who have learning disabilities and/or autistic people. At the time of the inspection 6 people were living at the service. The service was based in a large, semi-detached building set within its own gardens in a village location.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### People's experience of using this service and what we found

**Right Support:** The service operates a model of Care and setting that maximises people's choice, control, and independence.

People told us they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. One person told us, "We do things for ourselves, the staff help if we need it." People were fully involved in the running of the service on a day-to-day basis and participated in household tasks, people had their own jobs around the house which they valued.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff, people and their relatives cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

**Right Care:** Care is person-centred and promotes people's dignity, privacy, and human rights.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to people's individual needs. People told us they liked the staff and we observed both staff and people spoke to and about each other with genuine regard.

People's care, and support plans reflected their range of needs and promoted their individuality, wellbeing, and enjoyment of life. People could take part in activities of their choosing in the wider community and pursue their own interests. Some people had employment and voluntary work. Staff received training and support to provide care effectively.

Staff worked in partnership with healthcare professionals to maintain people's health and wellbeing.

People told us they felt safe with staff. Relatives had no concerns about the safety of people. There were policies and procedures regarding the safeguarding of adults and staff knew what action to take if they thought anyone was at risk of potential harm.

**Right Culture:** The ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive, and empowered lives.

Staff placed people's wishes, needs and rights at the heart of everything they did. The stable management and staff team supported people to receive consistent care from staff who knew them well. We observed people receiving compassionate and empowering care which was tailored to their needs throughout the inspection.

Staff evaluated the quality of support provided to people, involving the person, their families, and other professionals as appropriate. All the relatives we had contact with were complimentary and positive about the service and the care and support their loved ones received. One relative said, "They are really happy, I couldn't ask for more."

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

Rating at last inspection

The last rating for this service was good (published 27 January 2018)

Why we inspected

This inspection was prompted by a review of the information we held about this service and the age of the rating. We undertook a focused inspection to review the key questions of safe, responsive, and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# The Laurels

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 1 inspector.

#### Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Laurels is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 6 people and 3 relatives about their experience of the care provided. We spoke with 6 members of staff including the registered manager, deputy manager, and care workers. We observed care and support over 2 days of inspection to help us understand the experience of people.

We reviewed a range of records. This included 4 people's care records and multiple medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of abuse. Staff understood how to report any concerns to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- People told us they felt safe. One person said, "I feel safe, people are kind to me." Another told us "I feel safe, we lock the doors at night so people can't break in." Another person said, "Staff are nice to us and helpful."
- Staff were clear about their responsibilities in relation to safeguarding and were confident that they would be listened to if they raised a concern. Safeguarding training was completed by new staff during induction and all staff undertook refresher training. One staff member told us, "I raised a concern a long time ago, the manager listened to me and that makes me feel confident to raise anything that worried me."

Assessing risk, safety monitoring and management

- People were included in risk assessments, which were recorded and measures were taken to mitigate these. This included risk of fire. People were very clear about what they would do in the event of a fire alarm. Everyone who lived at the Laurels told us where the assembly point was and they had recently had new fire doors fitted in the building.
- People who needed specific support to manage anxiety had been referred to the providers positive behaviour support (PBS) team and support plans and risk assessments were being developed. We observed a person being supported by staff to review information about them sent by the PBS team to check it was accurate and the person was happy with what it said.
- Regular health and safety checks were carried out and recorded with actions taken where required. These included gas, water, and electrical safety checks by qualified engineers.
- The management team analysed and reflected on accidents and incidents to reduce the potential for re-occurrence.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is

usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Staff were able to demonstrate a sound knowledge of the MCA. One staff told us, "It's really important to consider how a person feels and adjust the way you are communicating to suit the person (to help them decide with the best information).
- People told us they made decisions for themselves but sometimes asked staff for information to help them.

#### Staffing and recruitment

- People were supported by enough staff who were sufficiently skilled to meet peoples everyday care needs. People told us they liked the staff, 1 person said, "I like the staff here, we have keyworkers, they all help us if we want help."
- The provider had safe systems in place for recruitment. Appropriate checks were made to ensure that new staff were suitable to work with people. For example, Disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us and records confirm, staff have a range of training and support. One staff member told us they had a number of shadowing shifts before working alone and they didn't work alone until they felt confident to do so. A shadow shift is where a new staff member works with experienced staff to learn the role.

#### Using medicines safely

- People received their medicines safely. Medicines were received, stored, administered, and disposed of safely. Policies and procedures were reviewed and updated.
- People told us how they liked to receive their medicines and how they were involved in the process. One person said they like staff to help them apply creams, but they do most of this themselves.
- Staff members knowledgeable about the medicines they were administering and demonstrated an understanding of each person's needs and preferences.
- Only staff who had been trained to administer medicines were permitted to do so; the rota confirmed there were always trained staff available to carry out this task. Staff had checks on their competency in practice.
- Medicines were audited, and any issues identified were rectified. Records were clear and up to date, ensuring staff administering medicines had all the information they needed to carry out this procedure safely. Guidance was available for staff on when to offer 'as required' (PRN) medicines and what these medicines were for. Staff told us the PRN guidance was clear and easy to follow.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.



- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was supporting visits for people living in the service in accordance with the current government guidance. People told us, their relatives could visit whenever the person wanted them too.

#### Learning lessons when things go wrong

- The provider's systems supported learning when things went wrong.
- Staff understood the importance of reporting incidents and accidents and records were consistent and thorough.
- The registered manager described how incidents were monitored and analysed to identify improvements. For example, following analysis of incidents where a person displayed emotional distress, advice was sought from the providers positive support team who met the person to understand why they became upset and how to best support them.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that recorded their health and social care needs and included guidance for staff on how to best support them. Care plans reflected the principles and values of right support, right care, right culture. They focused on promoting people's independence, their diverse needs and inclusion within their locality. People were supported to learn new skills and maintain their independence. Care plans were kept under review and changed as people's needs changed.
- The registered manager demonstrated how they monitored care. They were in the process of formally recording people's goals and wishes, however people were verbally telling us their goals and plans, staff were able to confirm they knew people's wishes well.
- Staff told us care plans were updated and changes brought to their attention. Staff were able to discuss people's needs and wishes in team meetings or at any time if they had a concern.
- People were supported to have employment where they wanted it. Some people working in the HFT apple drink social enterprise business. Others worked in a local shop. People talked about their work with pride, one person said, "I like having a job, I do loads of things."
- People were encouraged to make choices. People were observed to be making and expressing choices throughout the inspection. People, relatives, and staff all told us people made their own decisions where at all possible, if a person's wishes conflicted with those of another, they people and staff talked about it and reached a compromise.

Meeting people's communication needs Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment, or sensory loss and in some circumstances to their carers.

- People were given information in a way they could understand. For example, some people used sign language or pictures. We saw that staff used these methods with people when making daily decisions such as choosing an activity.
- Staff had the knowledge and skills to support people's communication effectively. We observed staff following the guidance around communication in line with people's care plans.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People's achievements were celebrated, for example, 2 people passed a horse-riding exam during the inspection, everyone they lived with asked them how they had got on and offered congratulation. Staff

coming on duty later in the day asked and made time to listen to the details and offer praise.

- People were supported to follow their interests. People told us about their interests with passion, clearly proud of their participation and achievements in clubs for dance and aqua aerobics. One person volunteers for the Salvation Army shop and another is part of a community gardening group.
- People and relative told us, they were able to remain in contact with loved ones. People said their friends and relatives could visit when they like, one person said, "I chose when people come to see me."

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedures in place provided guidance on actions they would take if a complaint was received. This included timescales for responding. The complaints procedure was readily available in different formats to meet people's needs, including an easy-to-read version.
- People and relatives said they were aware of the complaints procedure and they knew how to make a complaint. One person said, "I would go to {name of registered manager}." Another said they could go to any staff if they wanted to.
- We reviewed complaints and compliments records. These included detailed responses and lessons learnt with action points to make changes where needed.
- People told us they wanted their home to be re-decorated and felt they had waited a long time. They said the registered manager had asked for this work to be carried out. The registered manager confirmed the request had been made and people were being listened too.

End of life care and support

- Staff were not supporting anyone who required end of life care during this inspection.
- People had active family support and plans which reflected where families would take the lead in end-of-life decisions.

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leaders and the culture they created promoted high-quality, person-centred care; Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- The culture was open and inclusive. People and staff were able to share ideas or concerns with the management. People and staff told us there was a friendly and caring culture. Staff understood their responsibilities and told us that they were listened to and valued by the registered manager. One staff member told us, "I feel very supported, we can talk about anything." Another said, "Registered manager is amazing, can always ask them anything."
- There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks.

There were systems and processes for quality monitoring and auditing and ensuring good governance of the service. The provider's audits identified shortfalls and action plans were developed and followed up. For example, audits identified a drop in staff training, this was addressed and we could see staff training data had improved.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and relatives confirmed they were kept informed when issues arose.
- The registered manager was aware of regulatory requirements. Notifying external professionals and CQC where required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, continuous learning and improving care

- The registered manager had a clear vision for the service to deliver support which allowed people to achieve their chosen goals and lead fulfilling lives.
- Roles and responsibilities were clearly defined and understood. The registered manager was supported by the providers senior management team. Staff were actively involved in people's care planning, this meant care was planned with the involvement of staff that knew people well. We observed a person working with their keyworker to add new information to their support plan.
- Relatives told us they knew the registered manager and could raise concerns. One relative said, "Any problems I would go to the registered manager."
- There was a culture of continuous learning and improving care. Staff talked about discussing incidents and learning from each other what has worked well for people. One staff said, "We have lots of training and talk about new things." Team meeting records confirmed managers and staff were using meetings to learn

and then act to improve people's care and support.

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

- People's views were sought, both formally and informally of the care they received. Feedback was also sought from people's relatives, and staff. The management team analysed the feedback and incorporated this into the daily running of the service.
- Staff felt able to share their views. One staff member told us, "Both the registered manager and deputy are always there for me."
- Relatives expressed satisfaction with the engagement they had with the registered manager and the staff. Some felt they had good day to day contact with staff, so didn't need to be in frequent contact with the registered manager, others liked the registered manager to be their primary contact.
- We observed people to be supported each in a unique way, with consideration to their individual characteristics.

Working in partnership with others

- People were supported to have different areas of their lives joined up to get the best outcomes. For example, a person who was a talented painter had his work exhibited in two locations in the local area. Staff worked closely with the external organisations to help make this ambition happen.
- The registered manager demonstrated they were working with health professionals. For example, managers and staff spoke regularly with a visiting health professional in order to ensure both parties had the current information about the person's care.