

Mrs Jillian Amy Desperles The Laurels

Inspection report

The Green
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Requires Improvement	

Summary of findings

Overall summary

The inspection visit took place on 19 April 2018 which was an announced comprehensive inspection. The visit was announced so we could ensure the registered manager, staff and people who used the service were available to speak with us.

The Laurels is the registered provider's family home which provides accommodation, personal care and support for up to three people, with physical and / or learning disabilities. At the time of the inspection two people lived at the home. Both people had lived at the home for a considerable time and both they, and people that supported them, treated everyone as a family unit.

People in care homes receive accommodation and nursing and/or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a registered manager in post who was also the registered 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. The provider was also the registered manager and for this inspection, we spoke with a family member who took the primary role in managing the service.

Because the registered provider lived at the service, it was a family home environment where, staff and people living at the home saw and treated everyone as equals so it was not necessary to refer to each other with a job title. 'Family members' was the name given to staff by people who used the service. In the report, we refer to them as staff.

At our last comprehensive inspection in April 2016, we rated the service as Good overall. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The registered manager and staff assessed risks to people's health and welfare and care plans minimised the identified risks. However, some care plans and risk assessments required updating to demonstrate the care and support people needed and what help they needed to continue to promote their independence. We were confident staff knew people well and supported them how they wanted.

Staff knew how to keep people safe from the risk of abuse and the people they supported felt well cared for and got on with everyone in the home. There continued to be enough staff to meet people's health needs and there continued to be flexibility in staffing levels, to make sure people received a safe, effective and responsive service.

People's medicines were managed, stored and administered safely by each person because people continued to be supported to remain as independent as possible. People were encouraged to continue to self-medicate if safe for them to do so.

People continued to be cared for and supported by kind and compassionate staff, who knew their individual preferences whilst continuing to promote life skills and ambitions. Staff understood people's needs and abilities and they had the skills and experiences to do this effectively.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible. The systems in the service supported this practice.

Staff ensured people received support from other health professionals to maintain and improve their physical and mental health and people were involved in how their care was delivered. The family worked well as a team to provide people with quality care and a good life experience.

The quality monitoring system required improvement so the provider was in a clearer position to be able to demonstrate more clearly their systems continued to support good outcomes for people they supported.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Good 

Is the service effective?

The service remained effective.

Good 

Is the service caring?

The service remained caring.

Good 

Is the service responsive?

The service remained responsive.

Good 

Is the service well-led?

The service was not always well led.

Requires Improvement 

Some systems required better organisation to ensure improvements that had been identified, resulted in positive actions being taken that improved the governance within the home. People continued to be supported by a registered manager and staff team that welcomed people's feedback about the service they received. People continued to be complimentary about the home and support they received.

The Laurels

Detailed findings

Background to this inspection

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

This inspection took place on 19 April 2018. The provider was given 48 hours' notice because the location is a small family home and we needed to be sure that someone would be available to spend time with us. The inspection was carried out by one inspector.

During this inspection, we asked the registered manager and staff to provide us with information that showed us how they managed the service. We also asked for evidence to show what they were proud of, and what improvements they had identified and when they planned to address them.

We reviewed the information we held about the service which was limited. A statutory notification is information about important events which the provider is required to send to us by law. The provider had not sent us any statutory notifications because no incidents had occurred to require them to do so. The home had not received any recent visits from the local authority and other agencies that we were aware of.

We spent time observing the care people received from staff whilst they were at the home, although both people went out for some time during our visit.

We only spoke with one person living at The Laurels as the other person was out for the day away from the home. We spoke with the registered manager and one family member who was the primary supporting staff member. We looked at two people's care records and other documentation related to people's care and quality assurance processes.



Our findings

At this inspection, we found there were sufficient staff to provide safe care and staff continued to manage risks so people remained protected from harm. People continued to be kept safe as they were during the previous inspection. The rating continues to be Good.

People were cared for by adult members of the family who also lived in the same house. The registered manager always available and ensured there was enough of the family available to provide support to people who lived in the home. Other family members were available or could be called upon at short notice.

The administration of medicines was managed by each person who was responsible for ensuring they took their medicines when needed. One person told us they took their medicines as needed and kept them in their own room, "Under lock and key." A staff member said if needed, they would support either person to take their medicines. This staff member was a trained nurse by profession and was skilled and confident to administer medicines safely when required.

People told us they were safe and protected. We found the staff who supported them understood their responsibilities and the actions they should take if they had any concerns about people's safety. The staff member who undertook most responsibility for people who lived in the home told us they had completed safeguarding training and was aware of the local safeguarding policy and procedures. The provider had not submitted any notifications to us because they said, there had been no concerns to report. The person we spoke with said they had not received any poor or ill treatment whilst living at the service.

Risks associated with people's individual health and well-being had been assessed and risk assessments were in place which explained what the risks for each person. Because the two people had been living at the home for many years, the staff members who supported them had an excellent knowledge of people's risks and what to do to minimise risk. For example, one person had increased pain through weight gain. Plans were in place to help monitor and promote healthier food choices. Other risks were known and managed for when people used equipment such as using knives, operating electrical appliances and risks around known or past behaviours.

The premises suited the needs of the people living at the home. No one had restrictions on their mobility that meant they could access all parts of the home. Smoke alarms were tested on a regular basis. As a family home, when maintenance issues arose, these were fixed as

soon as they were identified. We found no maintenance issues during our visit and some parts of the home had been recently redecorated. People and staff knew what to do if there was a fire or emergency which needed people to be evacuated. They told us they had undertaken regular talks with people about fire safety so in the event of a fire, they knew how to evacuate safely.

People cleaned their own bedrooms and the staff were responsible for making sure all areas of the home remained clean and hygienic. During our visit we saw no infection control risks that caused us concern.

Our findings

At this inspection, we found staff were as effective in supporting people's needs as they were during the previous inspection. The rating continues to be Good.

People were supported to live healthier lives, such as being encouraged to maintain regular exercise, to meet friends and family and to seek medical support when required. People continued to receive support from other healthcare professionals because they booked their own appointments when needed. People visited their GP, or other health care professionals. Because staff knew people so well they were alerted to changes in people and how this could affect their overall health. For example, one of the staff told us how they supported one person to manage their weight. They told us they helped support this person by going with them to a slimming club. They said this had a positive effect on helping the person to lose weight, but also to help reduce their need for some medicines to manage pain, as a result of an increase in the person's weight. Staff said they supported people to make their appointments if they needed and contacted other health care professionals for advice, such as psychiatrists. Staff told us about one example where they had been proactive seeking psychiatric support for one person living at the home and they continue to have periodic reviews.

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). Both people who lived at the home had capacity to make their own decisions about all aspects of their lives. The family were aware of what decisions people could make and their choice and options continued to be supported. They said if there were changes in people's cognitive ability, they would seek support from other health professionals or an advocate to ensure decisions were made in people's best interest. At the time of this visit no one had their freedoms or liberties restricted. One staff member said, "They are both able to come and go as they please....they have choices and can do what they want to do."

The staff member who undertook most of the responsibility to support people who lived at The Laurels had received enough training to support them in their role. This was because they were a trained nurse and continued to receive essential training through the NHS. They told us they were confident that their training was up to date and provided them with the knowledge they needed to look after people in areas such as moving and handling, safeguarding, infection control and first aid. We were unable to verify this because we were not able to see any training certificates as they were held at the staff member's main place of work, which was elsewhere.

People continued to be supported to eat and drink enough to maintain a balanced diet. People and staff ate meals as a family and they were all involved planning their menu around each other's likes and dislikes. People told us they ate what they wanted at breakfast, lunch and dinner time. For example, one person told us, "My favourite meal is steak and chips, I have that sometimes and in the week I like egg and chips." They told us they were able to eat and drink what they wanted. One person said they enjoyed visiting the local shop and they could buy foods, snacks, and whatever else they wanted.

Staff and the registered manager told us they had limited or no contact with the local authorities. They told us they used to have periodic visits but they had stopped over eight years ago. Staff told us if they needed help or support, they would contact the local authority or social work teams to seek support or advice. Staff told us they people had psychiatric support and reviews and if there were any concerns, they would seek support from other organisations without delay.



Our findings

At this inspection, we found staff were as caring towards those people they supported as they were during the previous inspection. The rating continues to be Good.

People had lived at The Laurels for a number of years and the staff knew their needs well. One person told us staff treated them with patience, kindness and compassion. We saw through our discussion with this person like at our last visit, that those who looked after them mattered to them. Supporting this, one person said in relation to where their lived, "It's a lovely part of the world and I am happy here, I hope I never have to leave."

People who lived at The Laurels lived alongside the adult members of the family who provided their support, as well as their own immediate family members such as their siblings, who visited the home throughout the week. Pets such as dogs and cats also lived at the home. The person we spoke with told us they enjoyed seeing the pets and felt comfortable with everyone at the home, and those in the provider's family. From our observations during our inspection visit we could see that the home operated as an 'extended' family.

We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff. Staff spoke to people in respectful, positive ways. Staff asked people their preference before offering them support. Staff used people's preferred names, and spoke with them in a style that met their communication needs. One staff member said about the service, "We live like a family."

One staff member told us about a recent situation where one of the people they supported, had suffered a close bereavement. They told us they had provided and continued to provide support to them. They said as a result of this bereavement, they had become closer to one of their 'biological' family members. This staff member told us they had supported this and said out of a sad experience, a closer relationship had formed which they recognised was positive for the person they cared for. This demonstrated that people were supported to maintain relationships with people important to them, outside of the family home.

Both people were independent so looked after their own personal care needs. As a family, everyone was responsible for ensuring people's privacy and wishes were respected. The staff member told us friends and relatives would be welcomed in the home but those who had relatives, did not have them living locally. Instead they encouraged relationships to continue through the use of the telephone which people did.

There were a number of rooms, in addition to bedrooms, where people could meet with friends and family in private if they wished. When we arrived at the home we spoke with one person to get their experiences of what it was like living at The Laurels. This person continued to provide us with positive comments and said they decided what they wanted to do each day and staff respected their wishes. Staff told us they provided informal opportunities anytime of the day or night to talk with people. The provider made sure that someone was always available to help them, 24 hours a day, seven days a week.



Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good. Speaking with one person, it was clear they remained pleased with the quality of care provided by their 'extended family'. They told us the quality of care was very good because they knew each other well.

The staff understood people's personal histories, their likes, dislikes and preferences. This was because they had known them for many years and saw them as part of their own family. People's opinions and views about their lives were embedded into everyday living at the home but we told a staff member, this needed to be included within people's care plans. The staff member told us care plans had recently been reworded from the person's perspective but they required more information to make them more person centred. However, there was no impact on the quality of care people received because of this. Both people continued to be independent, have capacity and understood the choices they made. We suggested that they may want to write a care plan with the person and ask them what support they wanted or what help they needed to achieve their goals. For example, for the person who wanted to lose weight, there was limited information about how this could be achieved and the support they actually received from staff.

Both people continued to be encouraged to take part in activities which supported their interests. One person told us they visited a local town to meet their friends every day which they enjoyed. They told us, "Sundays, I stay in and clean my room. I have a Sunday dinner." They told us they were reading a book about the second world war and they told us how many lives had been lost. They also told us they visited the local shop, bought a newspaper and liked talking to people in the village. People were also encouraged to be independent in day to day activities around the home to help promote daily living skills. Where possible, people tidied their bedrooms and helped with their laundry.

Staff continued to respond to people's needs when changes had occurred. We were told about one person who had suffered a bereavement. Staff told us how they supported this person, checking they were okay and monitoring how this could affect their mental wellbeing. They told us the person had coped with this situation very well but they continued to check their wellbeing.

People told us they were comfortable about giving feedback to staff and the registered manager whenever they wished, as they had regular access to them on a daily basis and could speak with them at any time. The person we spoke with had not made any complaints but said if they were unhappy, they would speak with staff and the registered manager. Staff said because they saw people every day, any issues were resolved

before they had opportunity to escalate.



Our findings

At the last inspection we rated this area as Good. At this inspection, it was clear actions had been taken in some areas to maintain good governance, but we found improvements with their overall record keeping and governance systems required strengthening so they were able to demonstrate people received Good outcomes.

The provider was the registered manager. Whilst the registered manager had the legal responsibility for the provision of accommodation and personal care, the whole adult family worked as a team to provide good quality, person centred care. The registered manager and their family had provided care to people for around 30 years. The registered manager told us they had done this because they 'wanted to help people and to give something back'.

The registered manager's daughter had over the last two inspections provided the registered manager with increased levels of support. They told us they had unofficially been delegated many of the duties of the registered manager and were in the future, considering becoming the registered manager because they completed most of the day to day responsibilities and administration tasks for this service.

The family had a clear set of values and principles for supporting people in their care. They believed in people having the right to determine their own lives and to be as independent as possible. They wanted people to have the best quality of life they could provide. The person we spoke with at this visit confirmed this happened. We saw people felt able to talk with the family freely and openly about their views. We asked one person what they thought the staff who supported them. They said, "I'm happy here, they help me do my paperwork and they look after my money."

The registered manager and their daughter were both present at our inspection. They were open and honest with us about their achievements and about areas they could improve on. They were both proud of the help and continued support they provided to people living in their family home. They recognised the paperwork 'needed some attention'. For example, updated fire risk assessments were needed and records to show staff training, records for important events and records for care plan reviews and daily records that described the levels of support people needed, especially on occasions, when people's experiences or goals had changed. These improvements would mean the provider had a more effective system that showed what they did and how this was achieved and reviewed, to ensure it supported the positive outcomes that people told us they had received.