

Tamaris Healthcare (England) Limited

# The Laurels Care Home

## Inspection report

Francis Way  
Hetton-le-Hole  
Houghton Le Spring  
Tyne and Wear  
DH5 9EQ

Tel: 01915173763  
Website: [www.fshc.co.uk](http://www.fshc.co.uk)

Date of inspection visit:  
22 November 2016

Date of publication:  
20 January 2017

## 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 Laurels Care Home is registered to provide nursing and personal care for up to 55 older people, although following conversion of some rooms there are only 50 places in single bedrooms. The home provided dementia care on the first floor and nursing care on the ground floor (although people may also have some cognitive decline on this unit). At the time of this inspection there were 50 people living in the home.

At the last comprehensive inspection in October 2015, the service was rated as Good overall. At that time we made a requirement relating to medicines. When we carried out a focused inspection in July 2016 we found improvements had been made to medicines management but we were unable to change the rating at that time. At this inspection we found the service remained Good and the improvements to medicines had been sustained.

People felt safe at the home. They were supported by staff who had been checked and vetted as suitable to work in care. There were enough staff to assist people in a timely way. People's medicines were managed in a safe way.

Staff were well trained. People and visitors said staff were competent in their roles. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People said they enjoyed good food. They were helped with their nutritional well-being and had access to health services.

People and relatives said staff were caring, helpful and friendly. They treated people with dignity and respect. People were encouraged to make their own daily decisions. A visiting healthcare professional said staff always went the extra mile to support people.

People received personalised care. Staff were knowledgeable about each person's needs and preferences and tried to match staff to people they were familiar with. People felt there was a good range of activities, social events and trips out. Staff tried to make these meaningful for each person.

People and visitors said the home was well managed and organised. There was a registered manager who had been at the home for a few years. The registered manager and registered provider carried out checks on the quality and safety of the service. People and staff were asked for their views and their suggestions were used to continuously improve the service.

The service met all relevant fundamental standards we inspect against.

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?

Good ●

The service is Good.

Improvements to medicines management had continued since our last inspection and medicines were being managed in a safe way.

People said they felt safe living at the home and were comfortable with the staff who supported them.

There were sufficient staff to meet people's needs who had been vetted to make sure they were suitable to work with vulnerable people.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# The Laurels Care Home

## 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 checked 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.

The comprehensive inspection took place on 22 November 2016 and was unannounced.

The inspection was carried out one adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience of care homes for older people who had health care needs and were living with dementia.

Before our inspection, we reviewed the information we held about the service including notifications about any incidents in the home. We asked commissioners from the local authority and health authority for their views of the service provided at this home. We contacted the local Healthwatch group to obtain their views. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with seven people living at the home, nine relatives and a visiting health care professional. We spoke with the registered manager, a nurse, a senior care worker, four care workers, members of housekeeping staff, an activities co-ordinator and a maintenance staff member.

We observed care and support in the communal areas and looked around the premises. We also observed a lunchtime meal to help us understand how well people were cared for. We viewed a range of records about people's care and how the home was managed. These included the care records of five people, medicines records of eight people, the recruitment records of three staff members, training records and quality monitoring reports.

# Is the service safe?

## Our findings

People and relatives said this was a safe place to live. They said they "trusted" the staff and had no concerns.

Staff received training in safeguarding adults. They knew how to report any concerns, and had confidence these would be dealt with. There was written information around the home for people, visitors and staff about the how to report any safeguarding concerns. Commissioners said the registered manager worked well with the local authority, which takes the lead on any safeguarding matters.

There were risk assessments in place for each person, where appropriate, based on their assessment of needs. This meant risks had been identified and were being minimised to keep people safe. For example, one person had a very high risk of falling. The home had provided a sensor mat and door alarm to monitor the person and had liaised with other care services about supporting the person in the best way. The person now received one-to-one support from care staff 14 hours a day which helped to keep them safe.

There were monthly reviews of each person's choking risk assessment. This included a check of the last review, the date of the last input by speech and language therapists, the current dietary advice and a check that the care plan was in place and provided the right guidance for staff to support people in a safe way.

The provider employed a full-time maintenance member of staff who carried out health and safety checks around the premises, for example fire safety checks. There were contingency arrangements in place for emergencies, such as what to do and who to contact in the event of a flood, fire or staff absence. There were also personal evacuation plans about how to support each person to leave the building in the event of an emergency.

People told us there were enough staff to support them and felt this had improved. For instance one person told us, "Yes there's enough staff and I have noticed an increase in number of staff recently." Another person said that even though staff could be busy at times, they still received the care they needed.

The provider used a staffing tool, called CHES, to determine the staffing levels. The tool used the dependency levels of each person (for example, if they had mobility needs or were cared for in bed) to calculate the number of care and nursing hours required throughout the day and night. The staffing tool indicated that the staffing levels provided at The Laurels were sufficient. Through the day there was one nurse, a care home assistant practitioner (CHAP) who was trained to carry out minor health care tasks, a senior care worker and eight care workers on duty. At night there was a nurse and four care workers.

The provider used robust recruitment practices to make sure new staff were suitable to work in the care home. These included application, interviews and reference checks. The provider also checked with the disclosure and barring service (DBS) whether applicants had a criminal record or were barred from working with vulnerable people. The provider carried out monthly checks to make sure nursing staff were registered with the Nursing and Midwifery Council (NMC). This meant people were protected because the home had

checks in place to make sure staff were suitable to work with vulnerable people.

At a comprehensive inspection in October 2015 we made a requirement relating to medicines. When we carried out a focused inspection in July 2016 we found improvements had been made to medicines management. At this inspection we found the improvements to medicines had been sustained.

The arrangements for managing people's medicines were safe. All medicines were administered by nurses or senior staff members who were trained and competent to do this. Medicines were administered to people in a safe way and people were helped and supervised if they needed to be. We looked at the medicines administration records (MARs) for the people using the service. We saw photographs were attached to people's medicines records so staff were able to identify the person before they administered their medicines. The MARs were completed in the right way.

## Is the service effective?

### Our findings

People felt staff had the right skills to support them. One person told us, "I couldn't fault any of them." A visiting healthcare professional told us, "The staff seem competent and it's a good standard of care."

People and relatives described how staff had recently had training in dementia awareness and had invited relatives to take part in it too. The training was part of a dementia accreditation award that the home had recently achieved. The accreditation was also judged on the design in the dementia unit which had been redecorated and brightened, and there were plans to have themed areas to support people to find their way around.

Training records showed nurses had appropriate training in health care tasks such as catheter care and using syringe drivers. All care staff had achieved a national qualification in care, apart from a small number of new staff who would be enrolled onto this. Staff also received regular training in necessary health and safety subjects such as moving and assisting, fire safety and infection control.

Staff had regular supervision sessions with a supervisor. The registered manager was good at using live examples of 'lessons learnt' in group supervisions sessions with staff. For example, a recent situation about someone's lack of capacity to consent to medicines had been used in a reflective supervision session. This meant staff had greater confidence to support people who were unable to consent to some elements of their care.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff had training in MCA and DoLS. They understood people's rights and the importance of obtaining people's consent to their care. People's care records identified where they could make decisions, or where they needed support from other people, including advocates, for more complex decisions.

All the people and visitors we spoke with were very complimentary about the quality and presentation of meals. People told us the meals were "very good" and "lovely". One person commented, "The meals are like home cooking." Relatives said, "They're really good cooks and assistants."

People's nutritional well-being was assessed and kept under review. Records were kept if people required their food or fluid intake to be monitored to make sure any health needs were identified.

People felt staff supported their health and well-being. The home helped people to access community health care services when they needed to, such as GPs, podiatry and opticians. A healthcare professional told us staff understood when people's health care needs had changed and made appropriate, timely referrals.

## Is the service caring?

### Our findings

People and relatives said staff were "all friendly" and told us there was a nice atmosphere in the home. People's comments included "staff are like my friends" and "nothing is a bother for them".

We saw staff interacting very well with people, and in a caring and compassionate way. For example, staff spent time talking and listening to people. There was a cheerful, sociable atmosphere in the home. People and visitors commented positively on the attitude of staff. One person told us, "They all have a nice manner and a sense of humour."

A visiting healthcare professional told us they found the staff were "very helpful" towards people and visitors. They commented, "Staff are very caring towards people. They always seem to go the extra mile. I think it's one of the best homes in this area." They described how the person they visited could not speak highly enough of the staff and the home. They told us, "My patient says they love it here."

Staff talked about people in a respectful and valuing way. We saw staff attended promptly when people requested assistance. One person told us, "There's always someone there to help."

Staff spoke to people in a polite way and supported people in a way that upheld their dignity. A relative commented, "It's excellent. My [family member] is well looked after and the staff are fantastic." Another person described the staff as "brilliant".

People told us they made their own daily decisions and one person commented, "Staff respect our choices 100%." For instance, one person liked to keep their bedroom door locked at night so people did not enter their room by mistake. Staff had made sure this was safe for the person so their choice and right to privacy was not compromised. A relative told us, "Staff are very good and caring. They do their best to ensure people are included and have a choice to do what they prefer."

People felt they received individualised care. Bedrooms were highly personalised. People said they were offered choices at mealtimes and any specialist diets were catered for. For example, one relative told us, "My [family member] is a vegetarian so they take this into account."

Relatives felt informed and involved in the care service. There were quarterly newsletters for people and visitors. The most recent one included information about the dementia framework accreditation, the names of new staff and the new decoration in the home.

# Is the service responsive?

## Our findings

Staff were knowledgeable about each person and how to support them in the way they preferred. One relative told us, "The staff know my family member's frequency of trips to the toilet and their preferred bath times."

A visiting healthcare professional also told us staff knew people well and could spot any changes in their well-being. They commented, "They can always tell me how people have been and they act quickly if people's needs change."

People's needs were assessed before they moved into the home. Care plans were designed to show the support each person needed, for example with mobility, continence and specific health needs. The care plan provided guidance for staff so they could meet people's individual needs in a consistent way. The care plans we viewed were up-to-date and had been rewritten whenever people's needs changed. Care plans were reviewed monthly or more frequently if people's needs were changing.

Staffing was arranged to make sure people received personalised care. For instance staff worked in one unit so they became familiar with people and vice versa. One person who needed a lot of staff support responded better to some staff than others so staffing was arranged to meet their preference. Staff told us they knew what was important to individual people by reading their care plan and life histories and involving their families.

People and relatives told us there was a good range of activities and entertainment at the home. One person said, "There's so much going on." People described numerous regular events such as singers, baking, bingo, movies, pie and pea suppers and animal therapy. There were also trips out. A relative told us, "Outside activities have included trips to Beamish, afternoon tea, Metro centre trip and pantomimes. The activities coordinator involves the residents' families."

One aspect of the home's dementia framework accreditation was based on 'meaningful activities' for people living with dementia. A staff member described finding out what individual people used to do from their care plan and incorporating this into activities that were relevant to each person. For instance, whether they liked to draw or whether they played the piano.

People received an information pack about The Laurels. This included clear information about what they could expect from the service and how to make a complaint if they were not happy. The complaints procedure was also displayed in the reception area for visitors. People were also encouraged to raise any comments at residents' meetings.

Any complaints were recorded on the provider's on-line management system and were sent to the regional manager every week for their oversight. There had been only two complaints this year, one of which was about a communication error by an agency nurse the other had just been received and was being investigated. There were clear records about the nature of the issues and the feedback given to the

complainants.

## Is the service well-led?

### Our findings

People and visitors said the home was well managed. They said they would rate the service as "the best" and "good". A visiting healthcare professional told us, "It seems to be well-managed. It's well-organised and a lot of my colleagues say many positive things about it."

People had opportunities to give their views and suggestions about the service at residents' meetings and in a 'quality of life' on-line questionnaire. This meant people, relatives and care professionals or other visitors could leave their anonymous views about the home at any time on an easy-to-use iPad computer. Any significant comments were emailed immediately to the registered manager for action. We saw people's views from the quality of life questionnaire were positive and some of these were displayed in the hallway.

Staff said they felt supported and there was an open, inclusive culture in the home. One staff member commented, "I feel well supported by the manager." Another staff member told us, "The seniors are always approachable. I'm never worried coming to work, I know if I'm stuck to go and speak to the senior."

The registered manager had worked at this home for about five years. 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 registered manager had recently received a long service award because she had worked for the organisation for 15 years. Staff said they enjoyed their role and felt valued by the organisation. For instance, one staff member commented, "They take good care for the staff, it's a good workforce. Everybody is friendly and get on together, both the staff and residents."

Staff meetings were held with clinical staff, care staff, catering staff and the health and safety group. This meant staff had opportunities to discuss the running of the home at staff meetings and to receive updates about the organisation.

A monthly analysis of incidents included details of any falls, accidents, incidents, pressure care needs, weight loss and infections. This meant the registered manager was able to monitor for any trends in the safety and well-being of the people who lived there and check that the right action had been taken to support them.

The registered manager and staff carried out a number of regular audits including care records, equipment and premises safety, and infection control checks. Many of the checks were now recorded on a quality tool that involved inputting the information onto an iPad. This computer-based system then analysed the results and identified any actions for improvement. Senior managers of the organisation had access to the results. In this way the provider aimed to continuously monitor the quality and safety of the service.