

Brightwell Residential Care Ltd

The Laurels Residential Home - Draycott

Inspection report

Westfield Lane
Draycott
Cheddar
Somerset
BS27 3TN

Tel: 01934742649






Date of inspection visit:
19 January 2017
20 January 2017

Date of publication:
24 February 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 19 and 20 January 2017 and was unannounced. It was carried out by one adult social care inspector.

The Laurels Residential Home can accommodate up to 20 older people who require personal care. There were 17 people living at the home during our inspection.

A registered manager was responsible for the service. This 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.

On both days of our inspection there was a homely, calm and relaxed atmosphere. Staff interacted with people in a friendly and respectful way. People were encouraged and supported to maintain their independence and to pursue their interests and hobbies. They made choices about their day to day lives which were respected by staff. One person said, "I am quite capable of making my own decisions. Staff always respect the decisions I make."

People and their relatives said the home was a safe place to live. People spoke very highly of the care they received. One person said, "All of the staff are lovely to me. There's such a lovely, homely atmosphere." People were involved in planning and reviewing their own care. Staff respected people's privacy and were aware of issues of confidentiality.

People told us staff took the time to really get to know them; staff asked them about their life history, their interests, hobbies and preferred routines. There was a varied programme of activities and outings in line with people's interests. People were involved in the local community. They had a choice of nutritious, home cooked food. Each person we spoke with said they were happy with the food and drinks served in the home. One person said, "The food is delicious here. You get a choice; they ask you every day."

People had developed friendships with others who lived in the home; they kept in touch with their other friends and relations. Friends and relatives could visit at any time. One relative told us, "I usually pop in every day. Never a problem. Always welcome; you can pop in whenever you like."

There was a stable staff team at the home. Staff were kind and caring. They had an excellent knowledge of people's care needs. Staff received a thorough induction and ongoing training and support.

People were involved in decisions about the running of the home as well as their own care. People knew how to make a formal complaint if they needed to but no one had needed to. One person said, "This is the

best home you could find. It's excellent here, it really is."

The management structure in the home provided clear lines of responsibility and accountability. The provider had recently changed ownership. A new system of audits and checks had recently been introduced by the new owners to monitor people's safety and the quality of care in a more effective and consistent way. The registered manager was also being provided with improved support.

We found a breach of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care plans did not always reflect the care people needed and the care being provided. The informal systems previously used to monitor the quality of the service and ensure necessary improvements were carried out had not been fully effective. You can see what action we told the provider to take at the back of the full version of the report.

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.

People were protected from abuse and avoidable harm. Risks were assessed and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was managed safely.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People were involved in decisions about the running of the home as well as their own care.

People received the care they wanted when they were nearing

the end of their life.

Is the service responsive?

The service was not fully responsive.

People's care plans did not always reflect the care being provided.

People were involved in planning and reviewing their care.
People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow their personal interests.

People shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Requires Improvement ●

Is the service well-led?

The service was not consistently well-led.

The quality assurance systems had not been fully effective in ensuring improvement were identified and acted upon.

There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.
People were part of their local community.

Requires Improvement ●

The Laurels Residential Home - Draycott

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.

This inspection took place on 19 and 20 January 2017 and was unannounced. It was carried out by one adult social care inspector.

Before the inspection we looked at the information we held about the home. This included notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports. We looked at the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people at length about their care and the home more generally. We also spoke with three relatives who were visiting.

We spoke with three care staff, the maintenance person, the deputy manager and the registered manager. We observed care and support in communal areas and looked at four people's care records. We also looked at records that related to how the home was managed such as staff training and staff meeting records, staff rotas, one staff personnel file, health and safety checks and records of resident's meetings.

Is the service safe?

Our findings

The service was safe. People told us it was a safe place for them to live; some people were keen to stress they felt safer here than they had when they lived elsewhere. Comments from people included; "I had a very bad fall, so couldn't live at home as it wasn't safe. Perfectly safe here", "It's safe, there's no doubt about that" and "It's safe. I feel very safe here." Relatives spoken with said it was a safe place for their family member. One relative said, "[Name] is well cared for and is safe."

Staff had a good understanding of what may constitute abuse and how to report it, both within the home and to other agencies. People spoken with told us they had never been mistreated or upset by staff. One person said, "Mistreated? Never. I have never even had a cross word with staff. They are very good hearted people." Staff spoken with had no concerns about people's safety. One member of staff said, "I have never had a safeguarding concern since working here; that's 11 years. People here would tell you if they were being mistreated. If I ever had any concerns I would report them immediately."

Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. The home had a policy which staff had read and there was information for people, visitors and staff about safeguarding displayed in the home. Staff were confident that any allegations they reported would be fully investigated and action would be taken to make sure people were safe. We read safeguarding and how to report concerns had been discussed at a staff meeting in November 2016. This helped to ensure the safety of people was promoted.

People were able to take risks as part of their day to day lives. For example, people went out for walks or to the local shops on their own. People went into the garden or used the roof terrace in better weather. One person said, "I go out for walks and to the shops. I like to go out in the garden and I like looking after my plants." We saw people going out on their own on both days of our inspection. There were risk assessments relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. Risk assessments were in place for people who went out on their own.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager and the maintenance person were 'on call' each day so that staff were able to access extra support or advice in an emergency.

The PIR stated staff recruitment was thorough and safe. People told us the home employed suitable staff. One person said, "They employ marvellous staff. We are lucky to have them." There were safe staff recruitment and selection processes in place. Each staff member completed an application form, provided a full employment history, satisfactory references and had to attend a face to face interview. Thorough checks

were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home.

People said there were enough staff on duty to ensure their safety. One person said, "Staff are always around; day and night. They regularly check up on you when you are in your room. I have a call bell as well to call staff if I need them. They always come quickly." Staffing levels were determined based on people's needs. These were kept under review by the registered manager to ensure they remained safe and effective. The staffing rotas we looked at showed consistency in both staff working and in staffing levels.

There were safe medicine administration systems in place. People had prescribed medicines to meet their health needs. They told us staff helped them with their medicines; this was their choice. One person said, "I do take some medication. Staff are marvellous with that. They make sure I take them on time, which I think is such a good thing as I might forget."

Medicines were supplied by a pharmacy on a monthly basis. All medicines were stored securely, including those which required additional security. Each person had a detailed care plan which described the medicines they took, what they were for and how and where they preferred to take them. We saw the senior member of staff on each shift administered medicines; they only helped one person at a time. This reduced the risk of an error occurring. Staff received appropriate training and a competency check before they were able to give medicines. Staff training records confirmed this.

Medicine administration records were accurate and up to date. Medicines were stored at a safe temperature and those which required dating when first used had been dated. This ensured they were safe to use. Staff returned unused medicines to the local pharmacy for safe disposal when no longer needed. A pharmacist had carried out a medicines audit in March 2016 and had stated in their report, "I have been visiting care homes in this area for 20 years. Yours was one of the best I've seen."

Is the service effective?

Our findings

The service was effective. There was a stable staff team at the home. Staff had an excellent knowledge of each person's care needs. This knowledge was gained from reading people's care plans, spending time with people and from the training staff received. Staff were able to tell us about how they cared for each individual to ensure they received effective care and support. People spoke very highly of the staff who worked in the home. One person said, "There are very few staff changes. I've gotten to know staff well over the years and am very happy with how they care for me."

Staff told us their induction was thorough when they started working at the home, although this was several years ago. They felt the induction had prepared them to care for people in the home. One staff member said, "It was good, but was eight years ago." There was a very low turnover of staff but the induction programme for any new staff was linked to the Care Certificate. (The Care Certificate standards are set by Skills for Care to ensure staff have the skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.)

Staff were well supported in their roles. They received regular formal supervision (a one to one meeting) with the registered manager. Staff told us supervision was very important to them as it enabled them to discuss their work, their training needs and any concerns they had. Each staff member spoken with said they were regularly supervised. There were regular staff meetings and a handover of important information when they started each shift. One staff member said, "We have regular supervision and staff meetings. It's good to get feedback and be able to bring up ideas."

The PIR stated staff training was comprehensive. We found staff were provided with on-going training and support to gain additional care qualifications. The records showed staff training was up to date. Staff had been provided with specific training to meet people's care needs, such as palliative care, nutrition, caring for people living with dementia and how to provide dignified and respectful care. One staff member said, "There is constant training here. I did the new care plan training over Christmas. I'm currently doing a qualification in leadership and management. They really encourage you to train and learn here."

People made their own decisions. They chose what care or treatment they received and gave their consent when care was provided by staff. We heard staff asking for people's consent before they assisted them on both days of our inspection. One person said, "I make my own decisions. I can decide what care I do or do not need." Another person told us, "I am quite capable of making my own decisions. Staff always respect the decisions I make."

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (the MCA). They knew how to make sure if people did not have the mental capacity to make decisions for themselves, their legal rights would be protected. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as

possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Any restrictions placed on people should be regularly reviewed. No one living at the home lacked capacity. No decisions had been made on people's behalf.

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 homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether any conditions on authorisations to deprive a person of their liberty were being met. People had chosen to live at The Laurels and would leave if they wished to. People went out without staff; they could come and go as they pleased. One person said, "There are no restrictions here at all. It's like a home from home. I come and go as I like. I chose to move here and am happy to stay. If I wasn't I know I could leave. It's my choice."

People saw health care professionals to meet their specific needs. Care records showed people saw GPs, opticians, dentists, a chiropodist and district nurses. There were regular reviews of people's health and staff responded to changes in need. People said staff made sure they saw the relevant professional if they were unwell; staff supported people to attend outpatient appointments or if they needed to be admitted to hospital. One person told us, "They are excellent if they are worried about your health. Once I [was unwell] at 10am; by 11am I was at the hospital." Staff were very concerned about one person's health on the second day of our inspection. We saw staff reacted immediately, contacted the person's GP and provided compassionate care. The person was admitted to hospital later that day.

People's nutritional needs were identified and monitored as part of the care planning process. People had a choice of meals from the weekly menu. Each person we spoke with said they were happy with the food and drinks served in the home. Comments included: "The food is excellent; wonderful meals we have here", "The meals are lovely" and "The food is delicious here. You get a choice; they ask you every day."

People discussed meals and meal choices during the "Resident's Meetings." We read that people's meal suggestions were incorporated into the home's menu. If people did not want what was on the menu they had an alternative. One person said, "They are very adaptable. Today I had an omelette as I didn't really want what was on the menu."

We saw the lunchtime meal being served in the dining room on the first day of our inspection. Staff reminded people it was lunchtime. Staff did not rush anyone, encouraged them to be as independent as possible, but were on hand to assist people when required. People sat at tables which were nicely laid and each had condiments for people to use. People had a choice of drinks. Everyone appeared to enjoy their meal. There was chatter and laughter during lunch; we saw that it was a pleasant, sociable event.

Is the service caring?

Our findings

The service was caring. Each person spoken with said staff were very kind and caring. People praised the way staff cared for them. Their comments included: "It's wonderful living here; everyone is so nice to you", "It's lovely; the staff are wonderful" and "All of the staff are lovely to me. There's such a lovely, homely atmosphere."

Staff had built trusting relationships with people. Most people had lived at the home for some time. Some people had come for short respite stays before deciding to move in permanently. This had helped staff get to know them well. One person said, "The staff have really gotten to know me and I know them. It's like a family really." Another person told us, "All of the staff know me and my ways. The staff are fantastic."

Throughout both days of our inspection staff interacted with people who lived at the home in a caring way. For example, one member of staff told one person they "Looked lovely" and another staff member commented on how well a person was looking. There was a good rapport between people; some chatted happily between themselves and with staff. There was laughter, chatter and friendly banter. One person said, "We do have a laugh and a joke with staff. I like people with a sense of humour."

People told us their independence was respected; they liked to do as much as they could for themselves. People still did most of their own personal care and this was respected. One person said, "I don't need an awful lot of care as such. I can do most things for myself. Staff helped me in the bath though." Another person told us, "I get up, can wash myself and dress myself. Staff pop in to see if I need a hand." Staff encouraged people's independence. They saw their role as supportive and caring but were keen not to disempower people. We saw one person chose to help with washing up in the kitchen on one afternoon. Another person told us, "I give a hand where I can. I help in the kitchen at times and help move furniture around. It's just so nice to still feel useful."

Staff were aware of and supported people's diverse needs. Care plans recorded people's background, where they had worked, their interests and hobbies. People's religious or cultural needs were assessed when they first moved to the home. One person told us, "I'm Church of England. I keep in touch with my local vicar. We have communion here as well." Another person said, "I was brought up a Methodist; my dad was a Methodist minister. We have communion here. I played piano at one of the services. It was lovely to do that."

The provider ensured people were given information about the service so they knew what they could expect. People were provided with a 'welcome pack' when they first moved into the home. This described the care people could expect, medicine procedures, health care support, the provider's complaints procedure and contained the home's current menu and activity calendar. One person said, "I had a lot of information about the home given to me when I moved in. That was a good idea. Helped me settle in."

The home had a document called a statement of purpose which described the vision and values of the

service. Each person could have their own copy of this if they wished. This described how to ensure people's rights, privacy, dignity and choices were respected. It stated "The Laurels aims to provide residents with a secure, relaxed and homely, non-institutional environment in which the care, well-being and comfort of all Residents are of prime importance." Staff were very positive about the care they were able to provide; we saw staff worked in line with the home's values. One staff member said, "It's excellent care here. Each person is treated as an individual. I think it's a lovely home from home for people."

People said staff treated them with dignity and respect. One person said, "When they help you they are very discreet." People chose what they wanted to do and how and where to spend their time. People's privacy was respected. People said "staff always knocked" on bedroom, bathroom and toilet doors before they entered the room. Staff had a good understanding of confidentiality.

Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely. We read the importance of confidentiality had been discussed at the staff meeting in December 2016 to ensure staff practice remained good in this area.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. People told us they had made friends with others who live in the home. We saw people chose to sit with their friends in the lounge or in the dining room. Some people went out to local shops together. One person said, "I've made some really good friends here. We get on so well." Another person told us, "Everybody is awfully nice. It's very easy to make friends here." People's other friends and relatives could visit as often as they wished.

Although The Laurels was not a nursing home, staff were keen to ensure people who wished to stay at the home could receive the end of life care they chose here. We read that people had received this type of care at the home. Two people currently had life limiting conditions and both had asked for their end of life care to be provided at the home, by staff they knew and trusted. Staff had been suitably trained. They were well supported by GPs, district nurses and staff from a local hospice. One staff member said, "I think the palliative care here is really good. The GP has commented on that. Great support from GPs, district nurses and the bereavement team." This meant that people's care needs would be met when nearing the end of their lives.

Is the service responsive?

Our findings

The service was not fully responsive.

During the inspection we read four people's care records. A new care planning and daily records system had just been introduced by the new owners. The Registered Manager and one staff member were in the process of transferring all care plans to the new format. The new daily records had been in use since January 2017. We therefore looked at both old and new records.

The old style care plans (which were still in use) did not fully describe the care being provided. For example, one person had been assessed as being at high risk of falling. Whilst staff could explain and we saw how they provided care to prevent the person falling (records showed they only had two falls in the last five years) there was no written plan for staff to follow. Old style care plans contained a 'holistic' plan covering various aspects of people's care. These were sparse and it was not always possible to see if these reflected people's current or changing needs. The old style daily records were also very sparse. Staff wrote terms such as "Appears well" or "Appears happy and well". These records did not provide a clear record of each person, each day. Also, they could not be used to determine if the person's care plan was effective as they lacked sufficient information. This meant the provider was not keeping an accurate, up to date record of the care each person needed.

The new style care plans and daily records were a significant improvement on the old records. The format was clear. The sections of these plans which had been completed clearly described the risks to the person, the care required and how staff should provide it. None of the new style care plans were fully complete but they were being worked upon during our inspection. The new style daily records were comprehensive, including what personal care people had required, what people did independently, what they needed help with and their general health. Once completed, the new care plans should provide thorough, up to date information about each person's care for staff to access.

People told us their care was discussed with them. People knew the home kept records about them but people had little interest in them. One person said, "They do talk to me about my care. I know they have records about me but I'm not fussed about that. It's more important the staff know about me, which they do." Another person told us, "[The Registered Manager] has a chat every week about you, your care and if you are happy with everything. I know they follow a plan but I'm happy with the care and would say if I needed more help."

Staff had a very good knowledge of the people who lived at the home and were able to pick up if people needed any changes in their care. One person had asked to change from a single bed to a double bed as this would be more comfortable for them. This had been provided. Another person said they would find a shower easier to use than a bath so the provider had installed a shower for them.

Staff were able to tell us detailed information about how people liked to be supported and what was important to them. One staff member said, "We know people so well. We pick up immediately if people are not well or are even a bit down. If people's needs change we adapt." One person told us, "Staff pick up on any little thing. I had a bad day last week. Staff were very good. They saw it straight away; just knew I wasn't myself. They really cheered me up."

People told us they made choices about their day to day lives. One person said, "You can do as you please. I get up when I want, go to bed when I want and chose how to spend my day. I spend some time in the lounge and my own room. I go out when I want to." Another person said, "Never a quibble about what you do; it's my choice. I thought time would drag here, but it doesn't. My days are full."

We saw people used communal areas of the home and spent time in their own rooms. Staff checked on people who were in their rooms. People had a call bell to alert staff if they required any assistance. They told us these were answered quickly and we saw they were during our inspection. One person said, "Oh yes, they come quickly if I use the bell. Never really have to as staff are always checking on you anyway, popping in with drinks and things like that."

People said plenty of activities and outings were arranged. They could chose to join in or not; there was no pressure to do so. One person said, "I have a calendar each month; it tells you what's going on. There is a lot going on but I only go to the things I like. I'm also a great reader and have my books there and a newspaper every day. Two ladies who live here play the piano beautifully." Another person told us, "We have outings. We have entertainers come in who are always good. Singing, exercise, play dominoes and nice family events such as the Christmas meal here."

We saw two people go out on their mobility scooters; some people went for walks. Other people at home chose to read books and newspapers, knit, watched TV, listened to the radio, and did jigsaw and crossword puzzles. Two people were tidying their rooms or rearranging items in the drawers; one person was looking after their plants. One person who lived in the home played the piano in the lounge on one afternoon. Staff spent time chatting or sharing a joke with people, providing social stimulation. One person said, "Isn't it lovely here. One of those places you can do as you please."

People said they kept in contact with friends and family. Some people had chosen to have their own phone in their rooms so they could keep in touch with people. There was a home phone in the main hallway which people could also use free of charge. We saw people making and receiving calls during our inspection. One person said, "I had my own phone put in which is good. Helps me keep up with all the news with friend and family." Other people said they wrote and received letters and cards; this helped them keep in touch.

Friends and relations visited people on both days of our inspection. One person said, "My family visit whenever they like; there are no restrictions." One relative said, "I usually pop in every day. Never a problem. Always welcome; you can pop in whenever you like." People went out with their friends and relations regularly. One person told us, "My sons take me out a lot. We go shopping or out for meals." Another person said, "You just say when you are going out. I go out a lot to visit family. I went to my granddaughter's on Christmas Day; it was lovely." We saw people going out with relations during our inspection.

People who wished to move to the home had their needs assessed to ensure the home was able to meet their needs and expectations. Staff considered the needs of other people who lived at the home before

offering a place to someone. People were involved in discussing their needs and wishes; people's relatives also contributed. People could come in on a trial basis. One person said, "I visited before I decided to move in. When I first moved in, I only came for a limited time to see how things went. I've really settled in well here."

People told us they were happy living at the home; they said they were well cared for. People would not hesitate in speaking with staff if they had any concerns. The provider had a complaints procedure in place; each person had their own copy. People knew how to make a formal complaint if they needed to but felt any small issues could usually be resolved informally. One person said, "I've never had a complaint. I have never heard anyone else run the home down at all." Another person told us, "Nothing to complain about. Never had a day's problem. Couldn't be in a better home." Records showed there had been no complaints since our last inspection.

Is the service well-led?

Our findings

The service was not consistently well led. The provider had recently changed ownership. Brightwell Residential Care Ltd (previously operated by a married couple) had been sold to new owners who operated a number of other care services. The new provider was putting their own systems and structures in place to oversee the home and support the registered manager. The new quality assurance systems were developing as were the new care plan systems, however they were not established enough to fully assess at this inspection.

The quality assurance systems under the previous owners, established over a number of years, had been informal. Whilst people and staff told us both previous owners regularly visited the home, spoke with people, relatives and staff nothing was recorded so there was no way to check what had been said. If any areas for improvement were identified during these visits they were passed on verbally, usually to the registered manager. The registered manager had spoken with each person who lived in the home each month to check they were happy with their service. Again, no record of these discussions were made.

Although some improvements to the environment had been made, such as to the garden and roof terrace, there was no effective system in place to record people's views, to show how or when necessary improvements would be made or who was responsible for them. For example, current care plans did not always reflect the care people needed and the care provided.

The registered manager explained to us the previous owners, whilst being very caring people, did not have a care background. This meant that the registered manager was not fully supported in their role and had not been able to make some improvements they felt were needed. They did not have supervision where they could formally discuss their issues and personal development or more general issues within the home.

This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new owners had recently implemented their own quality assurance systems and audits. The registered manager now completed a monthly 'general home audit' which focused on the environment. These had identified improvements which were needed, including upgrading the fire alarm. These had passed on to the staff member responsible for maintenance. This work had either been completed or was planned. The registered manager had also carried out an infection control audit and a medicines audit in January 2017; these had not identified any concerns. The new owner's operations manager (who oversees a number of their services) visited the home in January 2017 to complete their audit. They spoke with people, with staff and looked at some records. Their report had noted "Continue to transfer care plans to new format" and "Complete audits as per schedule." The effectiveness of this new formal quality assurance process in improving the service for people will be reviewed at our next inspection.

The registered manager had worked at the home for a number of years. They were supported by a deputy manager and a small team of senior staff. People spoke highly of the registered manager. One person said they were "Wonderful" and another said they were "Lovely." All staff spoken with liked and respected the registered manager. One staff member said, "She is lovely. You can always go to her. She gives us huge support. It's lovely." The registered manager regularly worked alongside staff 'on shift' to support people. This gave them an insight into how people's care needs were being met and the ongoing support and training staff needed.

The registered manager said they had a good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us, "I love it here. All of the staff support each other and all the residents are happy." Another staff member told us, "I love it here. We're a small team with a very low turnover of staff. We all get on well and we are always listened to."

The PIR stated "People who use our service are key to the running of our service." We found people were encouraged to share their views on the home and these were acted on. People told us they had regular 'resident's meetings' but also spoke informally to the registered manager and to staff. One person said, "I go the meetings; we all get together to discuss things. But you chat about the home all the time with the staff really. We always seem to get what we want within reason." The records of resident's meetings showed they were very well attended. Relatives occasionally attended as well. We read that people had suggested ideas for the menu, how they wished to celebrate Christmas and New Year and other events they wished to attend. These had all been acted on. People said meetings usually concluded with "Drinks and music" which helped to make them a sociable event.

The service had a positive culture that was person centred, open and inclusive. The key aims of the service were described in the welcome pack and statement of purpose. Staff had adopted these aims. People spoke very highly of the home; comments included: "It's perfect here; I cannot fault it", "It's wonderful living here; you couldn't find a better home than this", "This is the best home you could find. It's excellent here, it really is" and "It's a well run, wonderful place for my time of life."

The service worked in partnership with external health and social professionals to ensure people were well cared for. Records were kept when people saw professionals. We saw their advice or guidance was acted upon. The provider was a member of the local care provider's association. The registered manager attended their events where good practice and new initiatives in care were discussed. This helped them keep up to date.

Staff worked hard to ensure people maintained links with the local community. The Laurels was a well established home, part of the local community, situated close to the centre of the village. People used community facilities, such as local shops and village hall. People went out during our inspection. Volunteers from a local church helped people attend church and they came into the home to sing and play the piano. People went to events at the village hall, such as plays, musicals and a pantomime. There were good links with the local junior school. The home had raised funds for them at the summer fete; children from the school came to the home as part of their Easter Bonnet Parade and at Christmas to sing carols. One person said, "It's lovely when people come to visit. Keeps you part of the village."

Significant incidents were recorded and where appropriate were reported to the relevant statutory

authorities. All accidents and incidents were recorded and reviewed by the registered manager so that any patterns or concerns could be identified. The provider had notified us of most significant events as required by law, but not all. In 2016 one person had gone out but failed to return home. The police were called and they were eventually found safe and well. This had not been reported to us at the time. This was discussed with the registered manager who agreed this had been missed. They have subsequently completed and forwarded a notification to us.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>People's care plans did not always reflect the care people needed and the care provided.</p> <p>The informal systems used to ensure the quality of the service and ensure necessary improvements were carried out had not been effective.</p> <p>Regulation 17(2)(a)(c)</p>