SHC Rapkyns Group Limited

The Laurels

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This was an unannounced inspection which took place on 28 and 29 November 2017.

The Laurels is a care home that provides both nursing and residential care. People in care homes receive accommodation and nursing 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.

Since our previous inspection in May 2017, we had been made aware that following the identification of risks relating to people's care, the service had been subject to a period of increased monitoring and support by commissioners. Between December 2016 and August 2017, The Laurels has been the subject of 23 safeguarding investigations by the local authority and partner agencies. As a result of concerns raised, the provider is currently subject to a police investigation. Our inspection did not examine specific safeguarding allegations which have formed part of these investigations. However, we used the information of concern raised by partner agencies to plan what areas we would inspect and to judge the safety and quality of the service at the time of the inspection. Between May and November 2017, we have inspected a number of Sussex Health Care locations in relation to concerns about variation in quality and safety across their services and will report on what we find.

The Laurels accommodates 41 people across four separate units called Birch Lodge, Juniper Lodge, Cherry Lodge and Aspen Lodge, each of which have separate adapted facilities. People who live at The Laurels may have a learning disability, physical disabilities and or sensory impairments. Some people had lived at The Laurels for many years and as such had developed needs associated with advancing age. Each unit has a separate lounge/dining room and there is also access to a communal lounge, a spa pool, a multi-sensory room, gym, computer room and swimming pool. All bedrooms are single and have their own en-suite bathing facilities. At the time of our inspection there were 29 people living at The Laurels.

The Laurels cares for people with a learning disability and therefore should be delivering care in line with the values underpinning 'Building the Right Support' and 'Registering the Right Support' guidance.

The registered manager was present during our inspection. They had not been in day to day management of the service since a new manager had been recruited and in post from 8 August 2017. The registered manager still retained oversight of the service as they were employed by the provider as an area manager with responsibility for a number of services operated by the provider including The Laurels. The new manager was also present during our inspection. They had submitted an application to register with CQC and were due to be interviewed as part of this process the same week as the inspection took place. 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.

We carried out an unannounced comprehensive inspection of this service on 10 May 2017 where it was awarded an overall rating of 'Requires Improvement.' The domains of 'Safe' and 'Effective' were rated 'Requires Improvement,' the domains of 'Caring' and 'Responsive' were rated 'Good' and the domain of 'Well Led' was rated 'Inadequate.' Four breaches of regulations were identified. These related to the management of incidents that placed people at risk of harm or abuse, quality monitoring systems and accurate records and failure to display the last CQC inspection report rating. The provider had also failed to submit statutory notifications to CQC in line with their legal responsibilities. The provider submitted an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that improvements had been made in all areas but that these needed to be embedded and sustained to help ensure people receive a constantly safe and well led service. This is the second consecutive time that the service has been rated 'Requires Improvement.'

Everyone said that improvements in the management of the service had taken place. Everyone that we spoke with said that the new manager was a good role model and had made improvements that benefited people and staff. Audits had been completed that identified areas for improvement without the need for external agencies interventions. The provider had communicated learning for safeguarding situations at other services they operated. Despite the improvements further work was needed to ensure quality and governance systems identified all areas for improvement and to ensure sustained improvements over time. Further improvements were also still needed in relation to record keeping.

Prior to our inspection we had received notifications from the new manager when incidents of aggression between people who lived at the service occurred. These demonstrated that the new manager understood their responsibilities to report potential assault to us and to the local authority safeguarding team. However, during the inspection we identified an incident of aggression between two people that had not been reported to external agencies. As a result, the new manager undertook a review that identified a further three events that had not been reported. These were submitted retrospectively.

There was evidence to show that risks to people's risks wellbeing and safety were identified and assessed and support provided that maintained people safety but did not put unnecessary restrictions on their freedom. People had risk assessments and care plans in place for identified needs that contained adequate information to provide safe care. However, further guidance in areas including behavioural support and specific health needs including suctioning of airways, epilepsy and diabetes would help staff to provide consistent and safe care.

Although staff received basic learning disability awareness training as part of their induction this had not equipped them with sufficient knowledge and understanding to meet people's diverse needs. Despite this people said that staff were kind and caring and this reflected most of our observations during the inspection. The atmosphere in the service was calm and relaxed and people appeared at ease in the presence of staff.

Processes had improved for ensuring people's rights to consent were upheld. Mental capacity assessments had been completed when people lacked capacity to agree to equipment viewed as restrictive being used and applications submitted to the relevant authorising authority. The new manager had identified further work was still needed in this area and plans were in place to address this.

People could join in activities in the service and at other services operated by the provider on the same site. People were also supported to attend college and go to church. People had not always accessed physiotherapy or hydrotherapy sessions as planned and also said they wanted more opportunities to access activities and events in the wider community. The new manager had taken action in these areas which

needed to continue and to be embedded.

Staffing numbers had been increased and their deployment reviewed. As a result people received support from regular staff who understood their needs better. Staff said that the support they received to undertake their roles had improved. Staff had been provided with further safeguarding training and those we spoke with demonstrated understanding of their roles and responsibilities to report concerns and to protect people from harm and abuse.

Infection control promoted a safe and clean environment. Aspen unit was not decorated or furnished to the same standard as the other three units but arrangements were in place for this to be addressed. There was wheelchair access throughout the service so that people could move freely. Pictorial signage was in use that helped people who could not read to orientate.

The chef was knowledgeable about people's dietary requirements and preferences and people were supported to eat and drink in line with their assessed needs. People had access to a range of healthcare professionals and the service worked in collaboration with others to ensure that people's needs were met. Since being in post the new manager had introduced Multi-Disciplinary Team (MDT) meetings for each unit that formed the service in order to improve communication between all staff involved in people's care and support. A new clinical lead had been employed who had arranged quarterly meetings with the GP to take place to discuss people's needs, arranged a meeting with the Elderly Liaison Nurse and had been in contact with the Continence team in order to promote greater collaboration and effective care for people.

Systems were in place that supported people to make decisions and to express their views. Efforts had been made to provide information in accessible formats and each person was allocated a key worker. A complaints procedure was in place as well as a comments book that people could use to share their views.

At this inspection we found the service was in breach of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In December 2018 we imposed conditions on the provider's registration, due to repeated and significant concerns about the quality and safety of care at several services they operate. The conditions are therefore imposed at each service operated by the provider, including The Laurels. The conditions mean that the provider must send to the CQC, monthly information about incidents and accidents, unplanned hospital admissions and staffing. We will use this information to help us review and monitor the provider's services and actions to improve, and to inform our inspections.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe.

The management of incidents that placed people at risk of harm or abuse had improved. Further work was needed to ensure systems; processes and practices always safeguarded people from abuse.

Risks to people health and wellbeing were assessed and action taken in order to keep them safe. Further documented guidance would help staff to provide safe care and treatment.

Systems were in place so that lessons were learned and improvements made when things went wrong. These needed to be embedded further to promote safe care.

The numbers and deployment of staff had improved and helped promote personalised care.

Safe medicines processes and procedures were followed.

People were protected from infection due to safe control measures.

Is the service effective?

Requires Improvement

Aspects of the service were not effective.

Sufficient numbers of staff were not provided with training specific to the needs of people who lived at the service.

People's needs and choices were assessed and care, treatment and support delivered. Efforts had been made to ensure people's individual needs were met by the adaptation, design and decoration of premises.

Improvements had been made that promoted people's rights. Consent to care and treatment was being sought in line with legislation and guidance.
People were supported to eat and drink enough to maintain a balanced diet.

Staff support and communication systems had improved. Systems were in place to help staff within and across different organisations work together to deliver effective care.

People were supported to live healthier lives and had access to healthcare services and on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion.

People were supported to maintain relationships with people who were important to them.

People were supported to express their views and be involved in making decisions about their care, support and treatment as far as possible.

People's privacy, dignity and independence were respected and promoted.

Is the service responsive?

Requires Improvement

Aspects of the service were not responsive.

People received personalised care that was responsive to their needs. Further support for people to access the wider community would promote personalised care further.

People said that their concerns and complaints were listened and responded to.

Procedures were in place to ensure people were supported at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led.

Improvements in the management of the service had taken place. Further work was needed to in order that governance frameworks ensured that quality performance; risks and regulatory requirements were understood and managed.

The new manager had taken action to support continuous learning, improvement and to ensure sustainability within the

service.

The provider had policies and procedures, vision and mission statements and a strategy to deliver high-quality care and support, and promote a positive culture that was person-centred, open, inclusive and empowering.

Systems were in place to support engagement with people who use the service, the public and staff.

The provider has been working with other agencies with the aim of improving service delivery.

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 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 Laurels is a residential care home that also provides nursing care. People in care homes receive accommodation and nursing 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.

The Laurels accommodates 41 people across four separate units called Birch Lodge, Juniper Lodge, Cherry Lodge and Aspen Lodge, each of which have separate adapted facilities. People who live at The Laurels have may have a learning disability, physical disabilities and sensory impairments. As such, when undertaking this inspection we looked to see if the service people received was based on the values that underpin 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism have a right to live as ordinary a life as any citizen.

This inspection took place on 28 and 29 November 2017. The first day was unannounced. The inspection team on the first day consisted of two inspectors, a specialist nurse advisor 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. Their area of expertise included learning disabilities and autism. The inspection team on the second day consisted of three inspectors and a bank nurse inspector.

Prior to the inspection we reviewed the information we held about the service. This included information from other agencies and statutory notifications sent to us by the registered manager and the new manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) as the inspection took place within six months of the publication of the previous inspection report. A PIR 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 who lived at the home and two relatives. We also spoke with the registered manager, the new manager, the deputy manager, three nurses, the physiotherapy technician, the provider's head of quality and therapies, the chef, a unit manager, a team leader and four care staff. The majority of people who lived at the service could not tell us about their views of the service they received. In order to obtain these we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spent time observing the care and support that people received during the morning, at lunchtime and during the afternoon.

We reviewed a range of records about people's care and how the home was managed. These included 13 people's care records. We also looked at medicines records and observed staff giving people their medicines.

We looked at six permanent staff training, support and employment records, four agency staff records, audits, minutes of meetings with people and staff, policies and procedures and accident and incident reports. We also requested additional information after our visit to the service and this was supplied. We also contacted eight health and social care professionals to obtain their views on the service provided to people. Three people responded and agreed for their views to be included in this report.

Requires Improvement

Is the service safe?

Our findings

As a result of our previous inspection in May 2017 a requirement action was set due to a breach of regulation 13 as appropriate action had not always been taken when incidents occurred that placed people at risk of harm or abuse. The provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that steps had been taken but that further work was required to ensure the steps were fully embedded and sustained.

This and other locations operated by the provider have been subject to safeguarding investigations, some of which were on-going at the time of this inspection. We spoke with the registered manager, the new manager and the provider's head of quality and therapies about any changes that had occurred or shared learning that had taken place at the service as a result of these. Since our last inspection the provider had recruited a specialist safeguarding lead for the organisation who had reviewed and amended the systems and structures in place to ensure appropriate referrals to other agencies including the local authority safeguarding team took place and to promote effective investigation of events. Risk management documentation for the use of bedrails had also been reviewed to include risk assessments that considered less restrictive options.

We asked the new manager how safeguarding information was shared with senior management in order that the provider retained oversight of events in line with their legal responsibilities. He explained, "We have a safeguarding tracker and I copy (name of registered manager/area manager) into everything. Plus we have a monthly safeguarding tracker that he has to sign off. Plus a weekly safeguarding report by (name) who is the safeguarding lead for the organisation."

During the inspection we identified an incident of aggression between two people that had not been reported to external agencies despite the changes that had taken place at the service. Although no one came to harm this was acted upon by the new manager whilst we were still conducting the inspection to ensure people's legal rights were upheld. He also undertook a review and as a result submitted a further three retrospective alerts and notifications for other incidents that had occurred. This demonstrated a commitment by the new manager to ensure people received safe care but also evidenced that further work was needed to ensure systems for safeguarding people from harm were robust.

The above evidence shows that the provider failed to ensure systems and processes enabled appropriate investigation of potential safeguarding issues, which placed people at risk of abuse. This was a continued breach of Regulation 13 of the Health and Social Care Act 2014.

Prior to our inspection we had received other notifications from the new manager when incidents of aggression between people who lived at the service occurred. At this inspection we explored how people were supported with behaviours that could be viewed as challenging and found that in the main, this was appropriate. Staff were able to explain people's individual needs, actions in response to certain behaviours and the correct reporting procedures. One member of staff told us that previously "Behaviours weren't being managed" and now they were. Staff who were allocated to work in the unit where people were supported

with behaviours that could be viewed as challenging told us they had received a specific type of positive behaviour support training. One member of staff described this training as a "Close level of interaction" but supporting people in "The least restrictive way." A second member of staff explained, "(Title of training) techniques. Keeps people safe in situations where people could get hurt. All staff have had it once and you get refreshers, started about a year ago." This member of staff also was able to describe the positive behaviour training techniques which confirmed minimal physical intervention and least restrictive practice. We observed that staff focused on using verbal prompting when supporting people with behaviours and that the positive behaviour training applied in practice had a positive influence in how people who lived at the service were supported. One relative told us that they thought physical interventions were appropriate. They explained, "What they do is minimal. They do what they have to do to keep him safe and other people."

Risks to people's health and wellbeing were assessed with associated care plans in place that contained information about responding to risk factors. However, records did not evidence that the management of one person who had a percutaneous endoscopic gastrostomy (PEG) was completely safe. PEGs involve placement of a tube through the abdominal wall and into the stomach through which nutritional liquids and medicines can be infused, when taking in food and drink orally was limited or no longer possible. Nurses that we spoke with were knowledgeable about the management of these but confirmed that records were not maintained for all aspects of PEG care. A person had a care plan in place for PEG care that had been reviewed in November 2017. This instructed 'Internal rotation every Sunday to prevent adhesions and over granulation. Observe gastrostomy site for any abnormal colour, odour etc.' A nurse confirmed that they cleaned the PEG site daily and rotated the PEG tube weekly but said that this was not recorded. They also told us that they applied a prescribed cream daily to the PEG site to reduce over granulation. There were some records to confirm this but these were not in place for daily application as prescribed. It was recorded on 28 November 2017 that the person had some granulation to their PEG site. Shortly after the inspection, we were informed that the person's records had been reviewed, the person had been seen by a GP and that their PEG site was healing well with reduced granulation and no sign of infection noted. We shared our concerns about this with the new manager and the provider's representative whilst at the service as PEG management had featured as a safeguarding concern at other locations operated by the provider. Within 24 hours we received confirmation from the new manager that he had raised a safeguarding alert with the local authority and also that he had submitted a statutory notification to CQC.

Another person had assessments and care plans in place that gave staff guidance when supporting the person with specific behaviours. We noted that the behaviour support plan did not contain specific information about the person's preferred support methods. For example, the plan stated 'use preferred objects' as a distraction technique but did not specify what the objects were. Also, the plan did not provide step by step guidance about appropriate responses in terms of physical interventions should behaviours escalate. The plan included details of a 'helping hug' as a generic action to help alleviate distress but did not describe when or how this should be provided to the person. During our inspection we observed a member of staff hugging and kissing the person on the cheek when the person did not appear distressed. We raised this with the manager who acknowledged the need for more guidance on boundaries and when being tactile with people might be appropriate.

Where necessary people had assessments and care plans for areas that included suctioning of airway secretions to help them breath and to reduce the risk of developing chest infections. Information included chest physiotherapy programmes and positioning instructions that included photographs to assist staff follow correct protocols. Although the information was adequate for providing safe care further detail would promote this further. For example, suction plans did not include what care should be taken when carrying out oral suctioning to avoid trauma to the oral mucosa, particularly for people with clotting disorders. Also further information to reduce infection during suctioning. Despite the lack of detail in these areas nurses

were able to explain these aspects of safe care and treatment to demonstrate how they would carry out this care safely.

People had epilepsy assessments and care plans in place that included information about the actions that should be taken when people had seizures. Again these contained adequate information to provide safe care but would benefit from the inclusion of greater detail to promote this further. For example, information about what actions staff should take to protect the head of a person when having a seizure as this was in place for one person but not for another. The relative of one person who had epilepsy said that they felt the person was safe when asked. They said, "Definitely, only problem has been uncontrollable epilepsy. Seizures can be unpredictable. Always has a member of staff; never has an agency person." The relative also explained about the one to one staff allocated to their family member and 15 minute observations through the night.

People had detailed assessments and care plans in place to support them manage their diabetes safely. For example, information included the actions needed to keep blood sugar levels within safe ranges, frequency of testing and the different actions needed depending on the blood sugar level reading. As with other care plans the information was adequate to provide safe care but would benefit from further information in order to promote this further. For example, one person's plan did not include guidance for staff about signs of hypo and hyperglycaemia such as confusion, sweating, fatigue and dizziness. Despite this, the nurses we spoke with were able to explain this to us to demonstrate how they would identify a change in a person's presentation and what this meant.

It is recommended that the registered person reviews people's care documentation to ensure sufficient guidance is included to promote safe care and treatment.

There was evidence to show that risks to people's wellbeing and safety were identified and assessed and support provided that maintained people's safety but did not put unnecessary restrictions on their freedom. For example, we observed one person who displayed autistic traits that included repetitive touching, tapping and clapping. Staff interacted appropriately and reinforced positive behaviours that reflected the guidelines in the person's assessments and care plans. We did note some omissions in records relating to the management of behaviours. For example, one person had a risk assessment for behaviours which may challenge that was reviewed monthly. This included details of the steps staff needed to take to reduce risks. The assessment also referred to a challenging behaviour care plan and a positive handling plan (PHP). However, there was no PHP. A member of staff told us they were in the process of completing this and did so whilst we were at the service.

People received safe care and treatment to manage risks of skin damage and pressure ulcers. Pressure relieving mattresses were in place along with turning routines to minimise skin damage. One member of staff explained the need to be gentle when supporting people with skin care. They explained, "Sometime people who do not move much have skin problems. It can rip and bruise easily. The same can be said for people who fidget a lot when doing care. I am very careful. We try and are very careful and monitor at every time we give personal care." Records were in place that confirmed people's skin integrity was monitored along with body maps and photographs that mapped the changes in skin condition. There appeared to be a culture of diligent skin care as routine. Wound care records were in place that enabled them to be used to monitor the interventions, progress and to evaluate the care provided.

People had detailed moving and handling guidance that included the use of photographs of specific equipment needed to help people with their posture. We observed staff carry out safe moving and handling techniques when assisting people to transfer from one place to another. This included the use of hoists.

Staff communicated clearly with people and worked in two's as required. Staff confirmed they were trained and said that they received yearly updates. One member of staff said, "I am trained to move people. I always do so according to my training. This means with two people."

Staff had been provided with further safeguarding training and those we spoke with demonstrated understanding of their roles and responsibilities to report concerns and to protect people from harm and abuse. One member of staff said, "If I thought someone was being abused I would speak to the nurse or team leader. I could also go to manager or person in charge. Everyone is responsible at the end of the day to keep safe from abuse." We then asked the same member of staff what they would do if they thought the manager or people in charge were abusing or placing people at risk of abuse. They replied, "I would call 999 or go to the police. There is information in the main reception about contact details for the police and safeguarding procedures." Three external professionals told us that they felt people were safe. For example, one wrote, 'The team …….generally fed-back that they felt that clients were safe.'

At our last inspection we found that although sufficient numbers of staff were on duty they were not always deployed safely and that some staff did not have the skills to safely and effectively meet people's diverse needs. As a result, we made a recommendation that the provider reviews staffing to ensure peoples individual needs were met. At this inspection we found that there had been improvements made to staff deployment. One relative said of the staffing, "There are times when it's been a bit low when people leave suddenly. One was on holiday . . . and didn't come back." However, concerns remained about the skills and training of staff deployed which we have discussed in more detail in the Effective domain of this report.

Since being in post the new manager had reviewed staffing at the service and made several changes to ensure people were supported by consistent and suitably qualified staff. This included the allocation of a specific team of nurses from an agency to cover vacancies and the provision of formal supervision and training for these nurses to ensure they were skilled in specific areas. He had also reviewed the deployment of staff in each of the four units that formed the service with each now having their own dedicated staff. An additional nurse had also been allocated on shift three days per week in one of the units that previously did not have a nurse allocated and a new deputy was appointed who was also a qualified nurse. A practice nurse had been recruited who the new manager explained worked at the service one day a week as clinical lead "To give clinical governance." The new manager explained, "It's all about consistency so people know service users better."

Nine people who lived at The Laurels were funded for one to one for aspects of their care and on the days of inspection we observed that this was provided. The rotas October and November evidenced that people had received this in line with their contractual agreements. Staff also confirmed that people received the one to one care they were funded for. One member of staff explained this helped ensure people were safe but not "Restrictive."

During both days of inspection we observed that sufficient numbers of staff were available to provide safe and consistent care. People who were funded for one to one care received this and others who were not were supported by a team of staff. No one was seen having to wait for assistance. Staff were observed not only carrying out care duties but also spending time with people socialising. At our previous inspection we observed that one person who lived at the service became agitated due to the way staff had been deployed and the member of staff allocated to support the person not knowing their needs. At this inspection we observed that the person was calm and settled. One person who lived at the service told us, "The staff are really good." However, we also identified areas of staff practice which indicated that staff understanding and knowledge in supporting people with a learning disability and other complex needs was, at times, lacking and indicated improvements were needed to staff skills and competencies in this area. Therefore

not all service users benefitted from a staff team who had received appropriate training and professional development to understand their support needs. We have written further details about staff training in the Effective domain of this report.

All the staff that we spoke with said that there had been improvements in the management of staffing. One member of staff said, "I only work in Juniper. It's a good place to work. As I'm based in one unit the care people have has improved. We don't work short staffed now. We have time to spend with people." A second member of staff said, "Before we worked in different wings every day. Now I'm based in Cherry. It's nice now as we have good relationships with each other. Permanent teams means we get to know service users."

Records at the start of the inspection did not evidence that robust recruitment processes had been followed for all staff employed at the home. Of the six permanent staff files that we looked at one did not include evidence that references were obtained from previous employers and a second did not include evidence of references or a Disclosure and Barring Service (DBS) check having been obtained. DBS checks helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Also, neither included a completed application form however, both did have a CV on file. After the inspection we were supplied with documentary evidence that DBS checks and references had been obtained for the two people where confirmation was not on their file during the inspection.

There was proof of identification on all six permanent staff files that we looked at. In addition, records showed checks were made that staff from overseas had the authority to work in the UK and that registered nurses were registered with the Nursing and Midwifery Council (NMC). Profiles were in place for agency nurses who worked at the service. These confirmed that recruitment checks had been completed that included a DBS check and obtaining references. Details were also recorded about the training they had received. This confirmed that they had been provided with an induction to the service, training in PEG and been observed and assessed as competent to give people their medicines.

Checks on the environment and equipment were completed to ensure it was safe. These included equipment used to help people to transfer and fire safety equipment. For example, monthly checks were undertaken of bedrails, hoists were serviced during May 2017 and a weekly health and safety audit was completed that included assessment of fire safety. We did note that on the first day of inspection fire doors were wedged open with chairs in the lounge area of Aspen. The health and safety audit completed the day before had stated none were wedged. Staff told us that the doors kept shutting due to them being noise sensitive including sounds made by people who lived in the unit. We raised this as a concern as it could affect people's safety in the event of a fire and the chairs were removed. The new manager also made arrangements to have the doors reviewed in order that they helped keep people safe but also met their diverse needs.

Systems were in place to ensure safe medicines management. We did note that PRN guidance was not in place for four people and that the temperatures of the room and fridge used to store medicines in one of the units was not regularly recorded. Records are reported on further in the 'Well Led' section of this report. PRN guidance and protocols were in place for people who required emergency medicine for management of epilepsy or to help with behaviour that could be viewed as challenging. These had recently been reviewed and a GP had signed to confirm satisfaction with the contents. All other aspects of medicines management that we looked at were appropriate. We observed that medicines were administered by staff trained to do so in a calm and unrushed manner. One nurse explained, "We always explain what we are doing first and we ask would you like to have it. We stay with them to ensure they have swallowed it." Medicine administration records (MAR) were accurate and fully completed, showing when people received their medicines. Medicines were maintained securely with only authorised staff having access. Nurses that we spoke with were able to

explain the correct procedures for ordering, storing, administering, recording and disposing of medicines. They also confirmed that they had received medicines management training that included assessment of their competency.

Infection control promoted a safe and clean environment. Three of the four units that formed the service were well maintained, decorated and furnished in a style appropriate for the young people who used the service. Aspen was not decorated or furnished to the same standard as the other units. Furniture was stained, and the walls were in need of decorating. The new manager was aware of this and this had been identified as requiring attention in the quality audits completed by representatives of the provider. An action plan detailed that maintenance works was due to start and new furnishing had been ordered. Other parts of the service were clean and free from offensive odours. Separate domestic staff were employed and regular cleaning took place. Equipment was seen to be readily available that promoted effective infection control such as antibacterial hand wash, disposable gloves and clinical waste bins.

Requires Improvement

Is the service effective?

Our findings

As a result of our previous inspection in May 2017 a requirement action was set due to a breach of regulation 13 as appropriate action had not always been taken when people lacked capacity to consent to the use of equipment that affected their liberty or freedom of movement. The provider sent us an action plan that detailed the steps that would be taken to achieve compliance. At this inspection we found that sufficient steps had been taken and the requirement action was met but that further work was needed to ensure actions are fully embedded and sustained.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Mental capacity assessments had been completed for people when it was thought they may lack capacity to consent to aspects of their care and the use of equipment including the use of lap belts, bedrails and audio monitoring devices. As part of this process, best interest decisions were recorded that evidenced people had been consulted such as relatives of people. Equality and people's human rights were also considered within the provider's best interest procedure. This asked people involved in making best interest decisions to consider 'any values and any religious, cultural or spiritual beliefs that the service user is known to have.'

Since being in post the new manager had identified that further improvements were needed in relation to mental capacity assessments, DoLS and staff understanding of the Act. For example, prior to the new manager being in post a DoLS application had been made for one person in July 2017 but this had not been authorised by the local authority as the person had capacity. The new manager had started to review everyone's mental capacity assessments to ensure that they had been completed correctly and if they had capacity to ensure DoLS applications were not submitted inappropriately. The new manager said that only two people's records were left to review. As a result of the review the new manager had identified that staff needed further guidance to understand that capacity for some people could vary. Staff had been provided with mental capacity training as part of their induction and further training during 2017. Despite this during the inspection we observed one person who mobilised independently in a wheelchair moving around the service. If doors were closed they required staff to open these due to handles being out of their reach. Staff had not identified this as a potential restrictive practice. We raised this with the new manager who immediately ordered a device that would allow the person to open doors independently without the need to rely on staff. This showed that the new manager was committed to removing unnecessary restrictions on people.

Staff that we spoke with demonstrated variable understanding of people's rights to consent to care and mental capacity. One said, "We need to make sure that our residents know what we are saying and doing. We cannot take away anybody's freedom, we must check if they understand. Due to the nature of their problems sometimes they cannot understand, but we should not assume this." A second member of staff said "No one is able to make decisions for themselves they don't have capacity." During the inspection we observed staff putting the brakes on the wheelchair of one person who was independently moving themselves around the service. There appeared no rationale for this restriction and staff did not obtain the consent of the person to do this. We fed this back to the new manager who said he would look into this.

All new staff were required to complete essential training; this was over a four-day period when they first started. New staff were required to complete the Care Certificate. This is a nationally recognised induction programme covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. Staff confirmed that they received an induction when first employed by the provider. One member of staff said, "My induction was four days. It covered safeguarding, moving and handling, fire procedures, my duties, care plans and lots more information was given. I did some shadow shifts with the team leader before going on the floor without supervision." A second member of staff said, "I had induction after they got my DBS. It was four days. We talked about lots of things, so much, too much to remember. We had lots of training. Every month there is some training. They are always asking if you want training and arrange this for you."

We sampled individual staff training records and also looked at the training matrix dated 28 November 2017 which the new manager told us was accurate. These demonstrated that sufficient numbers of staff had not been provided with training specific to the needs of people who lived at the service. Training was provided during induction that included fire safety, moving and handling, health and safety and equality and diversity. Learning disability awareness training was also provided for all staff as part of the induction they completed when first employed. There were 47 staff employed in various positions including nurses, care staff and ancillary workers. Of those, seven had received challenging behaviour levels 2 and 3 training, nine autism training, ten epilepsy training, one venepuncture and four pressure area care. No one was recorded as having received diabetes training. One person had received further learning disability training, four specific positive behaviour support training, five tracheostomy, three gastrostomy, one autism and communication and four training in the use of a specific item for enteral pump feeding system. At other inspections of services operated by this provider we gave feedback that their training for staff did not always cover topics specific to the needs of the people who were supported. At this inspection we found that this feedback had not been fully implemented at The Laurels to ensure the training programme for staff ensured they had the knowledge and skills to effectively care for people with complex needs.

Staff views on the training they received varied. One member of staff said, "Induction had one small bit about learning disabilities. I think more training about this is needed and more time to understand this." A second member of staff said they received sufficient training. They said, "I am enrolled on a level 5 QCF and everybody is getting the right training." When asked about training one member of staff said, "They should have local guidance and policies as people have complex needs here. It's work which needs to be done. We are part of a larger organisation and the training is generic. You still have to come back here to work on a LD (learning disability) unit. Something needs to be put into place formally to make the training more specific. All staff receive epilepsy training, but not all have had Buccal Midazolam training. That is on-going. It makes it easier to take people out in the community if someone has a seizure if everyone has had the training." The training matrix detailed 16 staff having received Buccal Midazolam training.

Although staff received basic learning disability awareness training during their induction we saw instances

where some staff did not demonstrate sufficient understanding of supporting people with learning disabilities and complex needs. For example, in Juniper unit staff had put the television on but turned the volume off. A repetitive cycle of Disney music was played instead. The music did not reflect the programme on television and could have caused confusion to people. On another occasion one person put themselves on the floor and started to scream. Two staff immediately responded but both started asking the person questions at the same time which could have caused confusion and further distress. Another person was allocated one to one support but the member of staff did not attempt to engage with the person and just sat on the arm of the chair next to them.

The above evidence shows that staff did not always receive appropriate training as was necessary to enable them to carry out the duties they were employed to perform. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the above, staff said that they were satisfied with the support they received. They received one to one supervision as well as group supervision and an annual appraisal. Since being in post the new manager had increased the formal support that staff received. The provider's policy stated that staff should receive supervision three times a year. The new manager had increased this to monthly one to one supervision. One member of staff said, "Team morale is really good since (name) been here. They have started monthly supervisions. This has had a really big impact."

As at our previous inspection people appeared to enjoy their meals. We observed that people had access to a choice of juices and that staff supported people to have their preferred drinks. The atmosphere was very calm, relaxed and staff took the time to chat with people. Staff sat next to people when supporting them to eat their meals giving support and words of encouragement at a pace suitable for the individuals they were supporting. People were offered visual choices. For example, one person was shown a banana and a box of Jaffa cakes when they declined the dessert originally offered. Staff used short simple sentences to check people's enjoyment and looked at body language as well as listening to verbal responses in order to assure themselves that people were enjoying their meal. Equipment was used where necessary to support people to eat and drink independently. For example, one person was observed using a plate guard that allowed them to spoon food from their plate by themselves.

The chef was knowledgeable about people's dietary requirements and preferences. They also regularly checked people's satisfaction with the meals that were provided. A form was used to capture people's views including non-verbal forms of communication. For example, in July 2017 it was recorded that feedback for one person was 'by facial expression' and that 'appeared to enjoy meal. Finished all portion. Big smile on face for dessert.' People were also asked their views of meals during group meetings. For example, people who lived in Aspen unit shared their views on meals during the June 2017 meeting. The chef explained, "Every single month we have a service user meeting where we talk about the menus. We have a summer menu, winter menu. Every six months it changes. We tried bubble and squeak and nobody liked it so we took it off the menu. We are here to give people what they like and try healthy options."

Efforts had been made to ensure the environment, adaptations and decoration of the premises met people's diverse needs. The Laurels provides specialist care for adults living with autism and additional learning disabilities or other complex needs and physical disabilities. Corridors and doorways were wide enough for people who used wheelchairs to move around the shared areas but some doors impacted on people being able to move independently around the service due to the location of door handles being out of reach for some people. There was a sensory room, spa, computer room and gym available for people. Where required bedrooms were equipped with an overhead tracking hoist to assist with safe moving and handling. Pathways around the grounds enabled people to move easily between different parts of the

service and gardens. Some signage was in use, for example, pictorial signs denoted toilets and communal facilities to assist people with their orientation in the building.

People had access to healthcare professionals and the service worked in collaboration with others to ensure that people's needs were met. One external professional wrote and informed us, 'In initial review all clients appeared well cared for. All clients were noted as looking well and in good health.' A second external professional wrote, 'Staff have always been eager to assist and I noticed that if they are not certain they will often get someone else to contact me within a timely manner. Staff/ management also always willing to take on board constructive criticisms and demonstrated their willingness to introduce suggestions taking into account service user's safety and best interest in accordance with the Home's policies / procedures.' The provider employed physiotherapy staff, a dietician and they had also recently recruited a Speech and Language Therapist (SALT). They also had an arrangement with a GP who visited the service on a weekly basis in order to provide consistent advice and support to people. People also had access to other healthcare professionals such as opticians, dentists and chiropodists. In October 2017 the new manager introduced Multi-Disciplinary Team (MDT) meetings for each unit that formed the service in order to improve communication between all staff involved in people's care and support. The new clinical lead told us, "The MDT meetings seem to be working." The MDT records confirmed that both people's health and social care needs were discussed in order to promote holistic and effective care.

The new clinical lead had also made arrangements for quarterly meetings with the GP to take place to discuss people's needs, arranged a meeting with the Elderly Liaison Nurse and had been in contact with the Continence team in order to promote greater collaboration and effective care for people.

As a result of an inspection at another location the provider had instructed that all services implement the National Early Warning Score (NEWS). This is a standardised system for recording and assessing baseline observations of people to help promote effective clinical care. The new manager explained that the new clinical lead was in the process of creating a modified version of this for The Laurels that would need approval from the provider. He explained the purpose of the modified version was so that all staff, not just nurses, could have a better understanding of people's needs. He said, "The carers need to understand base observations as well as they are the ones who are actually delivering the care." The clinical lead confirmed that she amended the NEWS system to include a colour code system based on risk of red, amber and green and that training for staff in the new system was planned for January 2018.

The new clinical lead told us that she had identified that the service did not have a physical health strategy and as such had devised one which was currently being viewed by representatives of the provider. She explained, "We had a lot of service users going in and out of hospital. We wanted to look at how to identify physical deterioration and avoid hospital admissions." We saw that the draft policy referenced and was linked to the Department of Health (2001) 'Valuing People: A new strategy for learning disability for the 21st century' and other good practice guidance that aims to improve the support people with a learning disability receive for both physical and mental health needs.

Person centred assessment and care planning processes were in place in order that information could be obtained to provide effective care to people. People's assessments and care plans included information about their personal history, interests and likes and dislikes. A Disability Distress Assessment Tool (DisDAT) had been completed for people which helped staff identify if the person might be in pain or discomfort and require medical attention. This is a nationally recognised tool designed to help identify distress in people who have severe limited communication. The assessment processes in place at the service considered certain protected characteristics as defined under the Equality Act. For example, religious status and disability.

Good

Is the service caring?

Our findings

People said that staff were kind and respectful. One person told us about a particular member of staff who had a good sense of humour and they were "10 out of 10." The relative of one person wrote and informed us, 'The staff at the Laurels have always been very friendly and despite some initial problems at the start of the year in regards to staffing, we have been very satisfied with how (name) has settled in and been cared for. (Name) is most happy and settled when in a routine and around people she knows and feels settled with. (Name)'s relationship with the staff and residents has blossomed over the year as they have got to know each other and this is evident in her composure when we visit. She is mainly relaxed and happy.' A second relative said, "The main staff are good. Their hearts are in the right place. (Names of two staff) are lovely."

The atmosphere in the service was calm and relaxed and people appeared at ease in the presence of staff. For example, in Juniper Unit one person who had limited verbal communication was seen smiling and humming to themselves when observing staff clearing the lunchtime dishes away. When talking to staff about relationships one said, "We try and encourage by interactions. Some people can or want to socialise more. We can encourage this by showing items. Show respect by calling by their name." The relative of one person said of their family member, "They are much calmer, less jittery, very much more relaxed. He loves the staff."

Staff treated people with kindness and respect. We spoke to one member of staff about how they promoted respect. They told us about one person who lived at the service who at times could be upset. They said, "When (name) gets really, really stressed we have found that if you put their hands in water this relaxes them. So that led us on to baths. We now know he loves baths so leave him to have a bath for half an hour. We do this not because he is stressed but because we know he loves this."

All staff were provided with equality and diversity training as part of their induction. We asked staff about their understanding of equality and diversity and what this meant in practice. One member of staff said, "To me people have health problems but still need to be treated the same as us. They are entitled to have a good quality life. It's important to give choices." A second member of staff said equality and diversity was, "Understanding everybody is different and everybody needs equal opportunities."

People were supported to maintain relationships with people who were important to them. One person told us of friendships they had formed with two other people who lived at the service. They explained, "I get on well with (name) and (name). (Name) is so funny". "Every two weeks I go and see my dad, every other weekend." Records confirmed that transport was arranged and provided so that people could spend time with family members outside of them visiting at the service.

Steps had started to be taken to support people to express their sexuality. People's records included care plans about their sexuality. However, these would benefit from review to ensure they were personalised to the individual person and their sexual preferences as those we sampled contained information about privacy and dignity but not specifically about sexuality. For example, in two care plans we reviewed, there included detailed information about people's hygiene needs, preferences for clothing and how to respect

their privacy.

People said that they were involved in making decisions and able to express their views. Care plans included people's likes and dislikes and things and people who were important to them. For example, one person's plan advised staff, 'The things I like most are to stay in contact with my mum and friends by calling them or visiting them. Watching TV especially soaps in the dining area or in my room. The things I dislike are being ignored; staff should always give me time to communicate with them and to express myself.'

One member of staff told us how they supported people to be involved in their care. They said, "(Name) helps take the laundry trolley. I ask her if she would like to help me and she accepted. People help with the washing up. Choosing between things like food and activities. Some people don't have great concentration; we allow them to dip in and out freely." We observed that this member of staff provided support to a person that reflected what they told us. One person who lived at the service confirmed they were supported to be independent. They said, "I feed myself. They cut it up for me."

Efforts effort had been made to provide information in accessible formats, for example each unit had a large noticeboard that included photographs of staff on duty along with large print information and pictures of events planned for that day and meal options. Activity programmes and timetables had been produced in colour and included pictures and symbols that aided understanding.

We asked a member of staff how they supported people to communicate and to be involved in making decisions. They said, "When you are new here it's a rule you must read all the care plans. You won't remember everything but you are part of a team and have a team leader who can help you and share how different people communicate. For example, (name of person) sometimes doesn't talk but if you offer him two choices he will clap his hand to confirm which he wants. (Name of another person) uses facial expressions."

One person who lived at the service told us that they missed a particular family member and that "I need someone to talk to." They did not wish to expand on this further but we explored the opportunities for people to access external advocacy services in order that their wishes and views could be heard and acted upon. The new manager told us that one person currently was being supported by an advocate. The contact details of two advocacy services was available for people. We did note this was in the written format which might not be accessible to everyone who lived at the service. The new manager agreed and said that he would ensure everyone, regardless of their needs and abilities would be made aware of these support services.

People said that their privacy and dignity was maintained. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. Support was provided in a discreet way apart from at lunch time when some staff used tea towels to wipe people's mouths. No serviettes were available that would have promoted peoples dignity. Staff addressed people by their preferred name, which was usually their first name. People's records were stored securely and promoted their rights to confidentiality. Prior to the inspection the new manager had ordered an electronic epilepsy monitoring devise for one person. When in place this would reduce the frequency that staff would have to go into a person's bedroom whilst they were sleeping and as a result would promote their privacy whilst maintaining their safety.

People wore clothing appropriate for the time of year and were dressed in a way that maintained their dignity. Good attention had been given to people's appearance and their personal hygiene needs had been supported. Some females had been supported to wear nail polish and we observed that one person had

also been supported to wear items of jewellery that complimented their outfit.

Requires Improvement

Is the service responsive?

Our findings

People said that responsive care and support was provided. The relative of one person said, "What I like here is the space and scale to burn off energy, size of corridors. (Name) doesn't like confined spaces. They have an en-suite bathroom which works brilliant. He is now off phosphate enemas, I'm delighted. He's made massive strides in case of bowel management they have halved his drug load."

We looked at the opportunities people had to access physiotherapy and hydrotherapy in line with their assessed needs. One physiotherapist, one physiotherapy technician and one physiotherapy assistant were employed to provide treatments to people at the service. The rotas for October and November for physiotherapy staff showed that apart from one weekend in October at least one member of the team was on duty each day of the week. During team meetings held in September and October staff had raised concerns that some people had not received physiotherapy they were funded to receive. The new manager looked into the concerns and found that communication needed to improve between different staff involved in people's care. He explained, "Some service users were being double booked and in some cases triple booked into the same time slots, for example external appointments were booked by nursing, therapy sessions were booked by physiotherapy or activity sessions were booked by the activities department with no communication or coordination between departments." In response, MDT meetings were initiated where representatives for each department attended and peoples care records were reviewed and consolidated into a single folder in order that anyone involved in a person's care had access to all relevant information when planning events. Since then people's physiotherapy and hydrotherapy sessions had not been cancelled due to better planning of appointments.

The relative of one person told us that their family member had not been able to access the Salt Cave. This is an alternative therapy facility also known as halo therapy operated by the provider where salt is used in a room. It is thought to help with respiratory conditions including asthma and chronic obstructive pulmonary disease (COPD). They explained that staff had informed him this was due to a lack of risk assessment. He explained, "I don't understand this. Bearing in mind she had been going in for about nine months. She had pneumonia about four months ago and the hospital said this would be good for her. The chief physio is on leave and the nurses said they can't do this and they were going to get someone from over the road. But it's been over a week and still nothing." The relative confirmed that they had not raised this with any of the management team and agreed that we could do this on their behalf. After the inspection the new manager confirmed that the person missed two sessions in the Salt Cave and that changes were made to the staff allocated to support the person in order that this situation did not arise again.

People that were able expressed satisfaction with the activities provided. One person told us how they went to college three days a week. They said, "I am in the second year of doing skills for work, literacy and numeracy. I listen to music, watch a film in the birch, colouring in. I went to see Queen the musical four years ago." The same person also told us how they regularly go to the pub to play snooker with a member of staff and how they enjoyed playing darts with another person who lived at the service. A second person was using a handheld computer tablet and told us, "I watch EastEnders, Holby city. Play games." A third person told us they enjoyed gardening and this included "Get to go out and do some plants."

Monthly group meetings took place where people who lived at the service could share their views on the service they received. For example, during the June 2017 people who lived in Aspen discussed activities and trips out into the wider community. People said that they would like more trips shopping and going out for lunch. The new manager was aware of the need to expand the opportunities for people to access the wider community and records confirmed this had been discussed with key staff in the MDT meetings and the planning of drivers had also been reviewed. A record of trips out that occurred in November showed that improved planning of community access was taking place but that work should continue. Of the 29 people who resided at the service two people regularly were supported to go to college. A weekly outing was planned and records confirmed three people could attend this each time. Another person was also supported to go to church. During November other people did not leave the site where the service was located apart from attending health appointments. People could access other facilities operated by the provider located on the same site as The Laurels such as a day centre, sensory rooms and entertainers. In addition, people could access the extensive grounds to go for walks. We did note one person repeatedly ask to go out and in response staff attempted to dissuade them saying, "Not now, later" and "You can go later with the others." The person received one to one support and staff could not give a clear reason why the person was not being supported to go out. They confirmed sufficient staff and a vehicle was available. We saw that the person went to bed during the afternoon and so did not go out.

It is recommended that the registered person reviews the opportunities for everyone to access the wider community based on their individual needs and wishes.

Activities that people participated in during our inspection included making Christmas decorations. We did note that the majority of people in the room did not actively participate. A member of staff made the decorations with people being present in the room. Other people were seen leaving the service to attend a day centre or college. One person was observed playing a board game with a member of staff. They appeared to enjoy this. Another person was seen walking around the grounds surrounding the service with a member of staff. Staff told us this was a regular event for the person as they enjoyed this so much. People were also seen accessing the onsite gym. Information about activities was displayed throughout the service. For example, a Christmas party was advertised and people and their families were invited. Photographs also included people participating in events such as a Summer fete.

Discussions with the registered manager and examination of records confirmed that appropriate action was taken in response to changes in people's needs. For example, the new manager had arranged for one person to be seen by a psychiatrist in order to be assessed and for them to have a medicine review due to changes in their normal behaviour. The new manager explained the aim of these was "To improve her quality of life." We saw that on another occasion staff responded quickly and promptly when they thought a person had an infection. The GP was called and advice sought.

We observed that staff responded appropriately when supporting another person with specific needs and behaviours. As a result, the person was seen sitting, smiling and rocking in a positive manner. We spoke to the staff member who supported the person who was knowledgeable about the person. They were also able to explain the person's preferences with regards to the gender of staff who supported them and we observed that this was reflected in the staff deployed.

Appropriate and responsive action had been taken when another person was identified as losing weight. This included being assessed by the dietician, fortified drinks prescribed and their weight monitored. Records confirmed that as a result the person's weight had increased.

Care plans provided information about people's care and support needs including their personal history,

communication, mobility, personal care, risks, sensory ability, continence and allergies. For example, one person had a detailed care plan regarding communication. This advised staff of the particular name the person preferred to be called and forms of non-verbal communication to be used as well as particular ways of providing verbal communication. We observed staff follow the contents of the care plan and it was clear they knew the person well and were able to reduce the person's anxieties from escalating.

We observed another person being supported to promote their independence. After having their lunch they scraped their plate in the bin when prompted by staff and were offered support to wash up. The person was seen smiling and laughing with the member of staff who supported them. We noted this activity was included in the person's care plan as one that they enjoyed.

Staff that we spoke with were able to tell us about people's individual needs and preferences without having to refer to care plans. For example, one member of staff told us about a person and their medical condition that made them very sensitive to noise. As staff were aware of this they supported the person to parts of the service that were quieter than other areas in order that they did not become distressed. The person also wore earphones to help reduce the sensitivity to noise. Staff said that they were kept informed of changes in people's needs by reading care plans, during handovers and staff meetings. Every member of staff that we spoke with said that communication had improved since the new manager had been in post. One member of staff said, "Communication is good from the top to the bottom."

People had keyworkers who supported people and promoted their rights. One person told us about their key worker and said, "He looks after me takes care of me. Helps me with social media." The relative of another person said of their family member's key worker had a "sense of humour." The new clinical lead showed us an assessment tool that was being introduced that would help to identify if people would like information that included their care plan to be provided in alternative formats to the written word in line with The Assessable Information Standard. From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. Some records had been produced in ways to help people to communicate, for example, hospital passports. The introduction of the assessment tool would help ensure everyone's communication needs were formally considered and action then taken in response to these.

There was no one who was being supported at the end of their life at the time of our inspection. However, procedures were in place with the GP so that people would receive a comfortable, dignified and pain free death. This included access to pressure relieving equipment and pain relief medicines.

The complaints procedure was on display in the service and included the contact details of other agencies that people could talk to if they had a concern. A comments book was also available in reception for people to record their views of the service. Since our last inspection seven comments had been recorded in the book. All of these thanked staff for the support given to people who lived at the service. One person told us how they would go to two particular staff if they ever had a problem. They also said that they thought the new manager and deputy were "Amazing."

We were told that there had been no formal complaints raised since our last inspection in May 2017. Since being in post the new manager had introduced an 'Informal Complaints Log' which he told us helped to resolve issues at an early stage before people felt the need to make formal complaints. Two informal complaints were recorded; one related to communication and the second to an agency worker. Records confirmed that the new manager had responded positively to both. They had investigated the concerns,

took action to minimise the issues reoccurring and feedback to the complainants their findings, including an apology. This demonstrated that the new manager was open and took action based on people's views.

Requires Improvement

Is the service well-led?

Our findings

As a result of our previous inspection in May 2017 requirement actions were set due to breaches of regulations 17, 18 and 20 as quality assurance systems were not effective, statutory notifications had not always been submitted when required and the provider had not displayed the last CQC report and rating. At the last inspection, we rated the well-led domain as 'Inadequate.' The provider sent us an action plan that detailed the steps that would be taken to achieve compliance.

At this inspection we saw that the latest CQC report was on display both in the service and on the provider's website and prior to the inspection statutory notifications had been submitted to us. Everyone that we had contact with said that improvements in the management of the service had taken place. One relative said, "The unit manager is outstanding. Very calm, organised and deeply caring. Other permanent care staff are good." A second relative said, "I think the new guy is very good as is the deputy. I like (named registered manager). They always listen, very responsive and transparent. I've got not concerns with (named the registered manager, the new manager and deputy) I think they are brilliant."

With regard to the previous breach of regulation 17 (Good Governance) we found that although steps had been taken to make improvements in this area, further work was needed to ensure people received a consistent quality service. None of the audits that had been completed by representatives of the provider had identified the gaps in staff knowledge and training or the need for more training specific to the needs of people who lived at the service. This was despite similar concerns having been identified at other services operated by the provider and shared with area managers and senior management.

Regular communication took place where representatives of the provider met with registered managers, area managers and heads of department in order to discuss service provision, changes in procedure and to share information in order to promote continuous learning and improvement. Prior to this inspection, and as a result of a CQC inspection conducted at another service operated by the provider, the provider's head of quality and therapies shared with us an email that he sent to all area managers and registered managers on 21 November 2017 in order to drive improvements and to ensure lessons were learnt throughout the organisation. This detailed a number of actions that area managers and registered managers were instructed to ensure were in place or acted upon. At this inspection we found that the email had not been shared with the new manager by the area manager/registered manager and as such he was not aware of the contents and therefore had not been able to use it to drive improvements. We went through the email with the new manager and found that aspects were already in place for example, block booking agency staff who were familiar with the service and the introduction of the NEWS baseline observation took. Other aspects were not in place. For example, the discreet system for identifying which people were for resuscitation and those who were not. We raised concerns regarding this as it could mean people may not receive the correct treatment. The new manager immediately took action and addressed this whilst we were at the service.

As a result of safeguarding situations at this and other locations operated by the provider a safeguarding expert had been sourced and a new system implemented to help ensure appropriate action was taken when incidents and events occurred. The provider's head of quality and therapies informed us that two clinical

nurses had been recruited to join the provider's quality team and were due to commence employment in December 2017. He explained that their role would be to support with quality audits and that they "Will be pivotal in ensuring lessons are learnt." A separate safeguarding action plan was in place that was used to monitor that all required actions were being addressed in a timely way. This included dates when actions had been completed. Despite this, we found that some actions had not been completed in full despite the action plan stating otherwise. For example, improvements to PEG management records.

Since our last inspection there had been an improvement in the accuracy and accessibility of records but that work was still needed in this area. For example, behaviour monitoring forms were not being completed consistently for one person with some staff completing these and others recording information in the person's daily notes and vice versa. This had not been identified within the provider's quality assurance audits that had taken place despite representatives of the provider and reports informing us that nurses sign to confirm all records are complete and in place. Two of the three external professionals that we had contact with as part of this inspection also expressed the view that record keeping needed to improve. For example, one person wrote, 'In general, recording was a recurring theme of concern, and appears to be a potential quality issue regarding documentation.'

The above evidence demonstrates that the provider had failed to ensure there were appropriate systems implemented to assess, monitor and improve the quality of the service. The provider failed to maintain accurate records. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Although we highlighted concerns about the effectiveness of the provider's systems to assess, monitor and improve quality at The Laurels, there were some aspects of quality assurance measures that had resulted in planned improvements. The audit conducted in October 2017 identified that further work was needed in relation to some people's care plans for specific health needs and also aspects of mental capacity assessment. An annual audit by the provider's head of quality and nominated individual was completed in September 2017. This had identified areas for improvement which were being acted upon at the time of our inspection. For example, arrangements were in place for parts of Aspen to be decorated and new furniture was on order.

Records confirmed that accidents, incidents, falls, manual handling incidents, drug errors, safeguarding, violence and aggression and choking incidents were audited on a monthly basis. The form allowed for details in relation to date, name, details, action taken, explained or unexplained, if safeguarding or CQC notification raised and details and outcome that is, closed, on-going or no further action. The form also included a section for recording any details of any trends developing and noted actions taken. The new manager told us that in his opinion, the current system for auditing and analysing events could be improved as the electronic system did not provide detailed analysis such as trend times of events. The audit system included review by an area manager of events that had occurred that month in order to identify trends or themes. However, the system did not currently analyse and provide feedback of potential trends or themes for prior months. This was a missed opportunity to drive improvements further. The provider was aware of this and had started to take action to address this. In the managers meeting held in September 2017 representatives of the provider explained that a review of the serious incidents procedures was taking place and that guidance from the National Reporting and Learning System (NRLS) was being used to influence this. The NRLS is a systems used by the NHS to collate and analyse information from incidents to identify hazards, risks and opportunities to improve the safety of care provided to people.

Feedback was obtained from people and their representatives in the form of surveys. The registered manager/area manager asked us to view forms that contained compliments about the service. There were

an abundance of forms, the findings of which had not been analysed or used to drive improvements. The registered manager/area manager agreed to do this and to send us a report of the findings within a week of our inspection which they did. This confirmed that people were satisfied with the service provided.

On the 1 November 2017 amendments to the Key Lines of Enquiry (KLOE) came into effect with five new KLOE and amendments to others that all regulated services are inspected against. We explored these with the new manager and the registered manager/ area manager. Neither were aware of any changes that the provider had introduced as a result of the amended KLOE's or of any communication by the provider about how the amended KLOE's would impact on location inspections. However, the provider's head of quality and therapies told us, "Following the launch of the KLOE we sent out an email to all managers and arranged for a discussion at the managers meeting arranged for 7 and 8 December where information will be cascaded and we will furnish them with opportunities for dialogue."

The new manager told us that representatives of the provider had been open and transparent about the scrutiny the organisation was under due to the involvement of the police and local authority safeguarding investigations. He explained, "(names of providers representatives) sent me links to newspaper articles and I spoke to (name of another of the providers representative). They said it's going to be tough and everything is being scrutinised."

People all spoke positively about the changes in management at the service. One external professional wrote and informed us, 'A new home manager and new deputy manager have recently been appointed during 2017 and are progressing well in their respective positions. They both have previous home manager and deputy home manager experience, familiar with the regulatory requirements of managing a health and social care service on a day to day basis, and are correctly prioritising the necessary regulatory issues from the previous CQC inspection carried out on 10 May 2017 to ensure all issues are addressed.'

The new manager was aware of the need to create a positive culture at the service. Everyone that we spoke with said that the new manager was a good role model and had made improvements that benefited people and staff. The new manager demonstrated knowledge and understanding relevant to his role and responsibilities. He had extensive experience of working in both health and social care settings in management and nursing positions and had qualifications that reflected these positions. For example, an associated degree in mental health nursing and a level four in leadership. The new manager explained that due to their previous experience of working in mental health settings he and his newly appointed deputy had recognised improvements were needed in understanding of behaviours and the deployment of staff. He explained, "There was a lack of clarity and understanding of behaviours so we have drafted a new policy which is now awaiting approval. Agency staff – we recognised from working in a mental health setting that rotating staff can affect service users so we negotiated with the agency a set of locum nurses who we provide monthly supervision so they are treated like part of the permanent team."

Also since being in post the new manager had recognised that staff at times worked in an environment that could be viewed as stressful. In order to support staff he had introduced reflective practice when incidents of aggression had occurred. He explained, "These were not happening. Its early days, we have only done about three or four but it's a start. We had counsellor's come in and talk about how people were feeling, how they felt incidents had been handled, and safety. I don't join in these as staff need to know they can say what they want. I get some feedback so I can make any required changes but it's mostly confidential. I've also changed supervision to once per month. This is due to all the changes that are taking place and the external scrutiny and media interest. People need to feel they can vent. It's going down really well."

All the staff that we spoke with said that there had been improvements with management. One member of

staff said, "The manager is good but they have only been here a short period of time." A second member of staff said, "If any problem I can talk to (name of new manager). I have nothing negative to say about him or (name of deputy) so far. We now have more regular staff which is good for everyone. Staffing is important. It seems like more activity trips take place. We did them before but now it's more organised." A third member of staff said, "I read the CQC report. Lots of negatives. Culture here has changed since the last inspection." Staff said that the new manager and the deputy had a high visual presence in the service and we saw this to be the case during our inspection. The new manager operated an open door policy which helped promote an inclusive atmosphere. The new manager and the deputy monitored staff practice on a daily basis when they observed the support they provided to people. Records confirmed that when they identified areas for improvement these were acted upon.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The registered person had not ensured that all staff received the appropriate training as was necessary to enable them to carry out the duties they were employed to perform.18(1)

The enforcement action we took:

A positive condition was enforced on the provider.