

Superior Care Homes Ltd

The Laurels Residential Home

Inspection report

The Laurels, Bull Lane
South Kirkby
Pontefract
West Yorkshire
WF9 3QD

Tel: 01977640721

Date of inspection visit:
01 May 2018

Date of publication:
11 June 2018

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection of the Laurels Residential Home, known as the Laurels, took place on 1 May 2018 and was unannounced. At the last inspection in March 2017 the home had been rated requires improvement with no breaches of regulation. At this inspection we found all improvements had been sustained and care delivery was consistent.

The Laurels is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 28 people in one adapted building. On the day we inspected there were 22 people living in the home with one person in hospital.

There was a registered manager in post at the time of the inspection. 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.

People told us they felt safe and the registered manager understood the principles of safeguarding well. They had responded to, and reported concerns appropriately, and also those concerns outside of their immediate responsibility, in a thoughtful and considerate manner ensuring people's needs were placed at the centre and their wellbeing safeguarded.

Risks were appropriately managed with individualised plans to reduce the likelihood of harm and promote people's independence. Accidents and incidents were responded to promptly and with full analysis to minimise repeat events. Staff were busy but always acknowledged people when they asked for assistance explaining they would be attending to them once finished with another person.

Medicines were administered safely and stored correctly. Records did not always show the time of PRN, or 'as required', medication but this was remedied before we left the home to ensure people did not receive medication too close together.

The home was clean and fresh, with rooms and equipment in good order.

The registered manager displayed in-depth knowledge of key practice and policy guidance and their knowledge was shared with staff who were able to explain and demonstrate the principles of best care practice.

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

Nutritional and hydration needs were managed well as staff actively encouraged people to drink throughout

the day and meals were well presented with people offered plenty of choice. Staff clearly worked as a team and showed appreciation of each other's skills.

People were supported to access health and social care services as needed, and the registered manager showed where they had ensured decisions were always taken in people's interests if they lacked capacity.

Staff displayed kindness, compassion and empathy in their relationships with people. They clearly knew people well and staff's interactions demonstrated they appreciated people's needs always came first. People's dignity and respect was promoted and encouraged discreetly and sensitively, especially where people were resistive to support.

Care records remained person-centred and covered all aspects of a person's care needs with direction and guidance for staff. People enjoyed a range of individual and group activities.

The home was well managed by an able and competent registered manager who led by example. They had a strong vision and this was embedded in all aspects of care delivery. Staff were well led and had sufficient guidance to ensure they met people's needs well. The home was a happy and positive place where quality assurance systems ensured all aspects were reviewed regularly and any issues rectified promptly.

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 and relatives told us they felt safe, and risks were managed to reduce the risk of harm.

Staffing levels ensured people's needs were met and medication was administered safely.

Infection control practice was observed at all opportunity, and any learning from incidents was shared promptly and appropriately.

Is the service effective?

Good 

The service was effective.

People were supported by knowledgeable and confident staff, who had access to regular supervision and training. The registered manager understood best practice principles of care delivery.

People's nutritional and hydration needs were managed properly and external support from health professionals sought as needed.

The registered manager and staff understood the requirements of the Mental Capacity Act 2005 and its associated Deprivation of Liberty Safeguards.

Is the service caring?

Good 

The service was caring.

Staff displayed kindness, consideration and empathy for people at all times, and actively promoted their wellbeing.

People and relatives were involved in agreeing their care needs.

Privacy and dignity was respected with staff acutely aware of being sensitive and discreet in supporting people.

Is the service responsive?

Good ●

The service was responsive.

People had access to a large range of individual and group activities, and actively took part in what was arranged.

Care records were person-centred and reflected individual needs.

Complaints were handled honestly and receptively.

Is the service well-led?

Good ●

The service was well led.

The registered manager was spoken highly of by all people, relatives and staff, and there was evidence of significant improvement in the home's care delivery.

Staff felt supported and happy to raise any issue, no matter how trivial, and were confident their views would be respected and acted upon.

Quality assurance was robust and ensured service delivery followed best practice meaning people were supported the highest possible standard.

The Laurels Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 1 May 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. 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. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with eight people using the service and seven of their relatives. In addition, we spoke with eleven staff including three care staff, three members of the domestic team, the maintenance man, the cook, an activity co-ordinator, the deputy manager and the registered manager.

We looked at four care records including risk assessments in depth and other sundry records, two staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Is the service safe?

Our findings

One person told us, "I feel safe in here. I wasn't safe on my own; I kept falling so someone can keep an eye on me in here." Another person said, "I'm safe and sound, so I am." Staff were able to describe possible safeguarding concerns and knew what action to take if they found such issues. They explained reporting procedures including external agencies such as the local authority and the Care Quality Commission.

One staff member said, "The registered manager would expect us to raise concerns." Another told us, "If I saw any practice I didn't like I'd report it straightaway. I'd make sure people were safe and then tell the manager. All staff would now speak up about anything, they were too scared before (under the previous manager) but not now, they would say anything." Safeguarding records showed full investigations had taken place and appropriate action had been taken. Lessons learned were shared in supervision and staff meetings, supported by further training if needed.

Premises checks were carried out as required with a comprehensive programme in place for ensuring people's safety through working fire alarm systems and procedures and weekly room checks. The maintenance team followed a calendar with specific tasks assigned. These checks included water temperature, window restrictors, nurse call system, and equipment checks such as wheelchairs. All cleaning equipment was colour coded to reduce the risk of infection and staff had access to plentiful supplies of personal protective equipment. Lifting Operations and Lifting Equipment Regulation checks had all been carried out in line with requirements.

Personal emergency evacuation plans (PEEPs) were current, having been updated the previous day, and easily accessible in a bag in the entrance hall. Key contact and medical information was contained in this along with a summary of people's specific support needs. Staff were able to explain emergency procedures and we saw evidence of regular fire drills, the latest was completed on 11 April 2018.

We looked at recruitment records and saw all necessary checks had been conducted. New staff had access to an induction which included shadowing more experienced colleagues and the completion of the Care Certificate. The registered manager preferred to recruit staff with a minimum level 2 NVQ in care delivery and over half the staff had level 3. Staff retention levels were high as the registered manager actively sought to ensure work life balance.

We asked staff if they felt there were sufficient staffing levels. One staff member told us, "Sometimes we know we can't help two people at once and sometimes people have to wait, not overly long but I feel bad if I know I'm helping one person and the buzzer is going." One relative we spoke with said, "Most of the time there are enough staff. I have never seen them support on their own." Staffing rotas showed staff worked 7 hour shifts, with planned rest days but offered to pick up extra shifts when required. Start times varied to accommodate people's needs.

Staff were able to describe particular risks for people, showing they knew them well. For particular risks, one staff member told us they would refer to the care plan as this would provide guidance for staff in how to

manage. We observed staff assist people in walking and transferring chairs. One person was given plenty of reassurance and explanations as to what was happening during the use of the stand aid. All people who needed assistance were given sound instruction and guidance as to how to transfer safely.

Risk assessments focused on individual abilities and where support was needed such as with skin integrity, nutrition and moving and handling. One care record advised staff to ensure the sling was positioned around the person first before the hoist was brought in, as the sight of the hoist agitated the person. Staff had guidance to follow in the use of equipment such as the bath hoist and where there were specific concerns noted such as with red areas of skin, what action needed to be taken. Accidents and incidents were recorded in detail, with thorough reviews and consideration of preventative measures to reduce re-occurrence.

We observed staff use protective personal equipment including aprons and hand gel to promote good infection control practice. The last external audit in November 2017 had resulted in a 91% rating. One relative told us, "The home is brilliantly clean."

Medication was administered, stored and recorded safely. Records had current photographs to aid identification and significant information such as allergies and GP. Medication was not signed for until a person had taken it, and if it was refused for any reason, it was labelled and stored correctly. Stock checks on all boxed medication took place before administration minimising the risk of missing medication. We checked random samples of medication and all levels matched the records. The medication room was clean and tidy, and temperatures of the fridge and room taken twice daily. Daily visual audits of the medication administration record (MAR) took place to ensure there were no missing signatures and controlled drugs were audited daily with two staff.

If people were on PRN, or 'as required' medication, they were discreetly asked if they needed it, whether for pain or other conditions. Staff had protocols to guide when such medication was needed. We did recommend the registered manager reminded staff ensured the time of such medication was recorded to ensure people did not receive doses too close together as this was not always happening. Tablets were given in a sensitive and kind manner, allowing people time to take them. One person needed eye drops but was sitting in the lounge and they were asked if they wanted to move into their room before having them administered. If medication was due to be taken at a specific time or on a specific day this was clearly marked in the MAR. The date of people's next medication review was listed at the front of the file and showed all had been done at least annually.

Is the service effective?

Our findings

One person said, "I'm alright you know. It's not bad in here. The staff do a good job."

We found staff had received regular supervision which was mix of one to one discussions with the registered manager or deputy, and observations of their practice. One staff member told us, "I feel very supported to do my work." We saw photographic evidence taken by the registered manager of things they were unhappy with, such as environmental concerns, and this was then shared with the relevant workers to improve practice. Staff felt everyone's performance had improved as a result of this and the unannounced observations.

Staff spoke highly of the training received. Two staff from the domestic team told us they received the same training as all care staff which helped them feel part of the team. Another member of the care staff said, "Training is regular and really good. With moving and handling we have to practice on each other with slide sheets and equipment. We get on the bed and are moved by others. It really makes you learn." A further staff member said, "If I wanted any extra training I'd just ask the manager and they'd sort it. The Vanguard team come in and give us extra support, like with care plans."

The training matrix identified moving and handling training was overdue for some staff but this had been booked. This had arisen as all staff had been trained at the same time initially and to allow for staff to have leave and ensure staff consistency the registered manager had knowingly allowed for staggered retraining. Due to the level of competence and observational practice in the home this was not a cause for concern. The registered manager stated they had plans in place to ensure this could not happen again.

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. We found capacity assessments in place which had been completed as far as possible with other relevant parties for decisions such as medication administration. Assessments included the person's views and followed the best interests' checklist to ensure processes were correctly applied.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw appropriate authorisations were in place along with behaviour monitoring forms to ensure the authorisations were proportionate. Where people had more complex behaviour, care documentation guided staff as to how best support that individual. Least restrictive options were always considered such as a stand aid rather than a hoist, and the risks considered for use of each. The registered manager had advocated this as a means of both promoting people's independence and their dignity.

We observed people being supported at each meal time with their nutrition and hydration. People were offered a choice at lunchtime as to whether they wished to go into the dining room or remain in the lounge. Likewise, people were offered a choice of meals and what accompaniments they wished to have. One person was given their glasses so they could see their meal properly and others had plate guards to promote independence in eating. Specific dietary needs, such as for pureed food, were recorded clearly with corresponding risk assessments in place.

People were supported during the meal and advised what was on their plate. Staff paid constant attention to people's wellbeing, asking if they were warm enough and happy with their meal. One person asked if the food was blended and when advised it was not, staff offered to do this for them. This was the person's choice rather than specific advice. One to one support was provided sensitively and discreetly. Food and fluid charts provided accurate records of what people had eaten and weights were checked weekly. After the meal, one person told us, "That chocolate cake was lovely. I could have eaten the lot." At teatime another person said to their visitor, "That bubble and squeak was delicious. The food is always nice, you know."

Staff told us they were happy working at the home. One staff member said, "We have good teamwork and all staff get on very well together." We heard staff discussing with each other who was doing what, and letting each other know where they were. Handovers were recorded ensuring all staff coming onto shift knew of key issues or forthcoming appointments for people.

The environment was clean and signage was placed at appropriate heights to ensure people accessed rooms easily. People had easy access to the outside with a beautiful garden with patio and seating. There were wall displays advertising external support services such as Age UK, advocacy and what the Care Quality Commission look for when inspecting. The registered manager ensured people had advocates where there were specific concerns.

There was also a list of 'champions' where staff had been assigned lead roles to ensure effective dissemination of information about specific topics such as dementia or medication, and where staff took responsibility for sharing best practice.

People were able to access health and social care services as required, and these were advertised on the home's walls. One relative told us, "They see the chiropodist and hairdresser. If needed, the GP is called." Records confirmed people saw health professionals appropriately and in a timely manner.

Is the service caring?

Our findings

People spoke positively of the care staff. One person told us, "The staff are all so lovely and kind. It's not an easy job but they do it well." One relative said, "The staff are very patient and they know [name] well. They are always the same staff which helps. Staff are very kind and very calm." Another relative told us, "Staff are really good."

Staff were consistently friendly and smiled with people throughout the day, and always acknowledged people. Our observations noted staff spoke with people about their visitors and family, referring to people by name which showed they knew people well. We heard one staff member say, "You have to watch [name] you know; they're jammy at getting all the good prizes" as people were about to sit down for a game of bingo.

Most people congregated in the two lounges and staff were attentive ensuring people were happy and always listened to each person's reply, showing they cared and were keen to make sure people's welfare was considered. One person was gently persuaded to change their top as they had spilt some breakfast on it. Another person requested a shave and a staff member duly responded. A further person complained of being cold and was assisted in doing up their cardigan.

The registered manager led staff by example and we observed them, on more than one occasion, them support one person who was anxious and upset. They spent time listening to their concerns and making notes, repeating back what they had been told to ensure they had understood correctly. Their manner was patient and compassionate, and they were empathetic in their approach. They provided reassurance that the concerns the person had raised, about issues outside of the home, would be followed up.

In one incident record we read how sensitively a staff member supported one person who was anxious and upset by sitting with them on the stairs to help them regain their composure. This resulted in a calmer person who then went into the communal area with the staff member. The registered manager spoke with us about one person with dual sensory impairment who, on admission to the home, was fully reliant on staff for all their needs, but was now independent with eating due to the purchase of different coloured crockery which helped to them to see food easier.

We observed staff knocking before entering people's rooms, and once in their rooms, greeting them by name and asking how they were. One person was brought into the lounge in a wheelchair and staff were joking with the person about whether they felt they were good drivers or not. Members of the domestic team also knocked and waited for answers before entering a room and once in the room asked people's permission to put laundry bags in there.

People were supported to be as independent as possible. We observed one person struggling to stand despite clear instructions from staff. One staff member asked if they wanted a few minutes and the person replied yes. After a small break, staff tried again and the person was able to stand. Staff displayed patience and understanding, and encouraged the person to do as much as possible for themselves.

The registered manager told us they had asked how all people liked to be addressed and identified. Care records showed how people saw themselves, i.e. [Name] identifies as a woman' to ensure people's wishes were respected.

One visitor we spoke with said, "My [name] had the best end of life care I could have hoped for them. It's a lovely place. I'd recommend the Laurels to anyone. It's so friendly. If I hear anyone say they are looking for a care home I tell them about the Laurels. I say, 'You'd get good care there'." Another visitor said their relative wasn't happy about moving into care but, "When we come, they're usually in the lounge and all the staff are lovely with them. It's always clean and tidy here."

Is the service responsive?

Our findings

Care records were person-centred and comprehensive, and easy to navigate. Pre-admission information was completed properly and helped shape care plans. All records included a physical and social assessment overview which provided key information for staff to refer to quickly. All needs were considered including medication, personal care, communication, mobility, nutrition, skin integrity, social activities, behaviour and cognition, and religious or cultural needs. Care plans also contained relevant specific health information to support staff in understanding people's conditions. We saw they were regularly reviewed.

People had specific records in their room detailing skin checks and we found these had been completed as required as had positional changes where people needed pressure relief to aid skin integrity. We heard staff discreetly ask people if they would like a bath or a wash. Daily records were kept showing staff support with specific tasks and linked to the person's wellbeing.

Staff told us they read people's care plans to ensure they got to know the person. One staff member told us about a new person in the home. They said, "It might take one or two days to read it but I do." People's life histories were contained within the records to assist staff in getting to know the person as an individual.

People's rooms were personalised with photographs and their own possessions. Information was shared in accordance with the Accessible Information Standard, ensuring people could make informed decisions.

One relative told us, "We can visit whenever we like and we are always made to feel welcome. We are contacted by the manager if there is a problem, whether to do with our relative or a wider home issue such as the recent infection outbreak." Another relative spoke highly of the different activities on offer.

We observed people enjoying a game of bingo during the morning where lively interactions were plentiful and the activity co-ordinator was patient when calling out the numbers to ensure everyone could take part. People had access to many prizes. There was also a coffee morning taking place and relatives also joined in this. During the afternoon people enjoyed a quiz and some people had support with a plasma light ball, allowing for individual interaction with the activity co-ordinator.

There was a large photographic display in the corridor with many happy faces showing activities they had undertaken such as trips to local stately homes, a vintage tea party, a garden centre and the summer fair.

The complaints policy was displayed prominently in the entrance area of the home. Three complaints had been received since the last inspection but all had been resolved with detailed investigations. There had also been four compliments which included comments such as 'Thank you so much to the caring staff who made [name] feel a part of a caring family,' '[Name] so loved the staff and described them all as angels. It is a beautiful home, run and managed by beautiful people.'

Is the service well-led?

Our findings

One relative we spoke with told us, "There has been a noticeable improvement in how the home is managed. We have been kept informed about the changes, and the manager has been open and honest about what needed to be improved. We have regular relatives' meetings with good information." They continued, "[Manager] is very approachable and listens if the family has a view, and tried to accommodate any requests. I am happy with things." Another relative said, "The manager is brilliant. If there are any issues, they soon get sorted."

We spoke with two visitors to the home who felt the home was well run. One person had had a relative previously in the home but they continued to visit as they felt so welcome. They told us, "The door is always open (to the manager's office) and nothing is too much trouble." We saw a compliment stated, 'The present manager has shown a high degree of professionalism and very high care standards'. Another relative told us, "I'm quite happy with the home. The manager has a good manner, a lot of compassion and is very dedicated to their role."

Resident and relatives' meetings reflected input from both people in the home and their families and friends. Where suggested locations for trips had been suggested, we saw these had been carried out and all attendees had contributed to the redecoration of the communal areas.

Staff spoke of the positive changes to the home. All staff we spoke with spoke highly of the registered manager. Two staff who had worked in the home for some time were very clear on the improvements which had been made. One staff member told us, "[Manager] is very approachable. They are always available to speak to and I'd tell them anything." Another staff member said, "The home runs well. [Manager] is very organised and is always making sure the home is improving. We have what we need." A further staff member shared, "Things are much, much better. [Manager] is really good. We can go to them about anything."

A further staff member shared, "The training and support is better than ever before. [Manager] runs the home well and there is good teamwork. Everyone gets on well and we work together. I chat with people as I go round doing my cleaning. All staff are lovely and we help each other." Staff told us they would happily recommend the home to relatives of theirs.

Staff meetings provided an open forum for staff to raise any issues and suggestions for improvements in the home including ensuring bedding matched when changed and the development of new menus. Staff were reminded of key policies and procedures, and referred to care records for any points of clarity. The vision for excellent care delivery was evident in each meeting record and staff were encouraged to share any concerns directly with the deputy and registered managers.

The registered manager discussed the positive support received from the Vanguard team but felt their criteria needed to be expanded to include longer term residents rather than just new admissions. They explained this was because people's needs constantly changed and different care options may be available which were not initially needed. The registered manager made full use of all external agencies where needed

for advice and practical support in the effort to ensure people's needs were met as fully as possible. They had also worked with the Speech and Language Therapy team to meet one person's complex dietary issues with particular success.

Quality assurance measures evidenced effective scrutiny of all aspects of care delivery and the home management. Care plan audits proved documentation was regularly reviewed, and where issues were identified, action was taken and shown as completed. Medication audits checked the whole process from ordering through to record keeping and storage. There was a medication champion who understood their role and responsibilities well, and ensured any issues were addressed quickly. Other audits included health and safety, finances and dining experiences for people living in the home.

The provider still visited the home but left the registered manager to perform their role. The registered manager told us they were very supported and trusted to undertake their duties. Monthly key performance indicators were sent to the provider for their scrutiny which were detailed and accurate, reflecting the findings we found on our inspection. The registered manager was still able to access other care home providers for support and also attended registered manager meetings organised by the local authority whenever possible. The registered manager also told us about how they ensured current practice was valid by regularly reading key social care journals and discussing ideas with other providers. An external quality assurance audit had been conducted where the home had scored 97.6% which reviewed people's safety and experience, the documentation, the workforce and management and the environment.

A survey from September 2017 of staff, people living in the home and their relatives all indicated positive results.

The ratings were displayed along with the full inspection report in the reception area of the home in line with statutory requirements.