Kenneth Swales and Andre Swales

The Laurels Care Home with Nursing

Inspection report

High Street,
Norton,
Doncaster,
DN6 9EU
Tel: 01302 709691

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Ratings

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

Overall summary

This was an unannounced inspection carried out on 7 April 2015. We last inspected the service in January 2014 and found they were meeting the Regulations we looked at.

The Laurels Care Home with Nursing is situated in Norton, Doncaster and is registered to accommodate up to 20 people. The accommodation is all on one level with easy access for disabled users. There is a small car park at the front of the home and a larger car park at the side of the building. The service is provided by Kenneth Swales and Andre Swales.

The service had a registered manager who has been registered with the Care Quality Commission since January 2011. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered

Summary of findings

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 living in The Laurels. Everyone we spoke with told us they were confident they could tell the staff whatever they needed to if they were worried about anything. There were procedures to follow if staff had any concerns about the safety of people they supported.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. The home involved dietician and tissue viability nurses to support people's health and wellbeing.

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked. One person said, "I get plenty of good food, a good breakfast and dinner. It's enough to keep me going for the rest of the day."

People were able to access some activities. The activity coordinator worked two days each week however, the registered manager said they were looking to increase activities by using two volunteers who were awaiting disclosure and baring clearance.

We found the home had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. People we spoke with spoke fondly about staff. One person told us they had lived at the home for a number of years and regarded staff more like family.

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that two formal complaints had been received in the last 12 months. They had been investigated appropriately.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

Summary of findings

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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard adults from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines were to be taken and when.

Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

Is the service caring?

Good

The service was caring.

People told us they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Relatives told us they were more than satisfied with the care at the home. They found the registered manager approachable and available to answer questions they may have had.

People had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

The manager had a good understanding of how to support people at the end of their life. We saw 'My future wishes' were recorded in people's care plan which described the person's preferred preferences of care.

Is the service responsive?

Good

The service was responsive.

Summary of findings

We found that peoples' needs were thoroughly assessed prior to them moving in to this service. Visitors told us they had been consulted about the care of their relative before they moved into the home.

People were encouraged to retain as much of their independence as possible and those we spoke to appreciate this. People could access some activities that were planned both in the home and in the community.

The service had a complaints procedure that was accessible to people who used the service and their relatives. People told us they had no reason to complain as the service was very good.

Is the service well-led?

Good

The service was well led.

The registered manager listened to suggestions made by people who used the service and their relatives. The systems that were in place for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

The service worked well to ensure people received prompt involvement with health professionals and there was a sense of belonging to the community.

Accidents and incidents were monitored monthly by the manager to ensure any triggers or trends were identified.

The Laurels Care Home with Nursing

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 7 April 2015 and was unannounced. The inspection team consisted of an adult social care inspector and an expert by experience with expertise in care of older people in particular dementia care. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our visit we had received a provider information return (PIR) from the provider which helped us to focus on the areas of the inspection we wished to look at in detail. 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 also looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We also contacted the community dietician, tissue viability nurse a clinical commissioner from Doncaster and the local authority commissioner who also monitors the service provided.

At the time of our inspection there were 18 people using the service. We spoke with the registered manager, the deputy manager who was a registered nurse, a nurse, three care staff, the activity coordinator and the cook. We also spoke with nine people who used the service and five visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also 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 looked at documentation relating to people who used the service, staff and the management of the service including recruitment files for six staff. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Good

Is the service safe?

Our findings

We asked people whether they felt safe in the home. Everyone we spoke with were clear that they did feel safe. This was also reflected in responses from visitors to the home when we asked about their relative. One relative said, "I feel the home is a safe environment for my family member." People told us that staff were always respectful and they felt they were able to express choice in all aspects of their life at the home.

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We looked at information we hold on the provider and found there were no ongoing safeguarding investigations.

Staff we spoke with told us they were aware of how to detect signs of abuse and were aware of external agencies they could contact to report any concerns or incidents of abuse. They told us they knew how to contact the local authority Adult Protection Unit and the Care Quality Commission (CQC) if they had any concerns. They also told us they were aware of the whistle blowing policy and felt able to raise any concerns with the registered manager knowing that they would be taken seriously.

The registered manager told us that they had policies and procedures to manage risks. There were emergency plans in place to ensure people's safety in the event of a fire or other emergency at the home. We saw there was an up to date fire risk assessment which had been agreed with the fire safety officer. People's risks were appropriately assessed, managed and reviewed. We looked at three people's care records and saw that individual risk assessments had been undertaken with care and support planned to ensure their safety. For example, we saw one person had turn charts because they were cared for in bed. The charts confirmed that staff were following the persons care plan to reduce the risk of developing pressure sores.

Systems were in place to make sure that managers and staff learnt from events such as accidents and incidents, complaints and concerns. This reduced the risks to people and helped the service to continually improve.

We found the home had robust recruitment and selection procedures to ensure suitable staff are employed to work at the home. The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check and references had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. We confirmed this when we looked in the staff records. All new staff completed a full induction programme, however the registered manager told us that there was a stable staff group and it was quite a long time since they employed any new staff.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they had developed a dependency tool to ensure sufficient staff with the right skills and competencies were on duty to meet people's needs. We asked staff about the levels working during the day. One staff member said, "At the moment we are alright, I think we have enough." Another said, "We've had a few shifts where we've been one down and they couldn't get cover but generally we're okay." People who we spoke with said, "I always find there's enough; sometimes you have to wait a little bit because they are dealing with someone else but it's not their fault." Another person said, "I have a buzzer, they come quickly, they are very good unless they are absolutely busy with someone else."

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

Medication was only handled by nursing staff who had received training in relation to medication. The nurse we spoke with confirmed that they had completed an in-depth on-line training and also had a yearly competency check. We saw records that confirmed this.

There were up to date policies and procedures relating to the handling, storage, acquisition, disposal and

Good

Is the service safe?

administration of medicines. People's care records contained details of the medication they were prescribed, any side effects, and how they should be supported in relation to medication.

Medication was audited regularly by the nursing staff, this included checking stock and ensuring records were accurately kept. We asked the nurse about the systems in place for managing and handling medication and they gave us a clear, knowledgeable account of this.

Some people were prescribed medicines to be taken only 'when required,' for example painkillers. We saw plans were available that identified why these medicines were prescribed and when they should be given. The nurse we spoke with knew how to tell when people needed these medicines and gave them correctly.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People and relatives we spoke with told us that the care provided was very good. One person said, "All the lasses are good to me, I've only to press a bell and they are there, nothing's too much trouble for them. During the night if you want them then they come to you." Another person said, "If you want anything you just ask them, they'll try and see to it for you."

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

We found the service to be meeting the requirements of the DoLS. The registered manager was aware of the latest guidance and was reviewing people who used the service to ensure this was being followed. We were informed that one DoLS application had been sent to the local authority for their consideration. We saw the documentation that demonstrated the application had been approved by the local supervisory body. The registered manager had also followed the guidance to ensure the authorisation had been reviewed. The registered manager told us that most staff had received training in the subject. The staff we spoke with had a good understanding of the principles of the MCA that ensured they would be able to put them into practice if needed.

We looked at the care records belonging to three people who used the service and there was clear evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews and these had been signed by the individual or their relative.

People's care records showed that their day to day health needs were being met. People had access to their own GP and additionally, the tissue viability nurse visited the service on a regular basis for routine treatments and to offer advice regarding wound care. Records showed that people were supported to also access other specialist services such as the diabetic clinic, audiology and dental services. One person who we spoke with said, "I've been to the dentist a time or two, a carer takes me. They look after me from getting out of here to getting me back again."

We found that staff received supervision (one to one meetings with the registered manager) and they told us they felt supported by the registered manager, deputy manager and also their peers. The registered manager showed us a plan which told us staff had also received their annual appraisal. Annual appraisals provide a framework to monitor performance, practice and to identify any areas for development and training to support staff to fulfil their roles and responsibilities. Staff we spoke with said they received formal and informal supervision, and also attended staff meetings to discuss work practice.

Staff told us that they attended a handover at the start of each shift which informed them of any concerns in relation to people's health. One staff member said, "I find the handover essential as I only work part-time. The information we receive gives us an overview of the health and wellbeing of people we support."

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training. Most of the staff who worked at the home had also completed a nationally recognised qualification in care to levels two, and three. We saw that staff had also completed training in dementia care, Mental Capacity Act and end of life care.

The registered manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaces the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

We found the service worked well with other health care agencies to ensure they followed best practice guidance. The deputy manager gave us an example of working closely with one person's GP which prevented the person

Good

Is the service effective?

being admitted to hospital unnecessarily. The registered manager also told us that designated staff also attended forums in end of life care and dementia care. This helped to raise the standards of care provided to people who used the service.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at three people's care plans and found they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

We used SOFI to observe three people who were being supported to eat at breakfast time. It was clear from the chatter and laughter at breakfast time that mealtimes were relaxed and informal. People told us, and we could see for ourselves, that they could choose what to eat from a choice of freshly prepared food. People described the food as, "Very good, a variety and plenty of it. We get two choices. I have that much lunch that for tea I have soup and sandwiches. At night I can have sandwiches and a drink if I want." A relative said, "My relative is off their food but they'll find something that they will eat, like soup."

The cook informed us that mealtimes were flexible to meet people's needs. The cook was well informed about people's likes and dislikes in relation to food and said menus were devised to accommodate people's choices. Menus were displayed in the dining areas with the main choices; individual requests and dietary needs were catered for in addition to these.

Good

Is the service caring?

Our findings

The SOFI observation we carried out showed us there were positive interactions between the people we observed and the staff supporting them. We saw people were discretely assisted to their rooms for personal care when required; staff acknowledged when people required assistance and responded appropriately. We noted that call bells used for assistance were answered promptly and people told us that they received assistance when needed.

People told us they had choices in their daily routines and they were happy with the care they received. We saw staff had a warm rapport with the people they cared for. Our observations found staff were kind, compassionate and caring towards the people in their care. We saw there were designated dignity champions. The dignity champion's role included ensuring staff respected people and looked at different ways to promote dignity within the home. We saw a number of examples where this was put into practice. Staff knocked on bedroom doors before entering and ensured toilet and bathroom doors were closed when in use. Staff were also able to explain how they supported people with personal care in their own rooms with doors and curtains closed to maintain privacy.

We saw that the home respected people from different cultural backgrounds. One relative we spoke with told us that when her relative was admitted she provided staff with information about their likes and dislikes, how to care for their relative's skin and hair. The relative said, "They have stuck to that – even down to her music. My relative is religious and they have asked if they want to attend church services." They went on to tell us that their relative liked traditional food and the home was trying to accommodate this. They said, "We have agreed to bring in certain foods as it makes us feel we are still contributing to their care."

Relatives and visitors to the home told us that there were no restrictions to the times when they visited the home.

One relative said, "They (staff) always bring us a drink and you can come at any time. We've been offered meals too." My friends that come to see me have lunch. They pay but they can have what they want." A relative said, "Visitors can make a drink anytime they come. You can visit any time you want."

We looked at three care and support plans in detail. People's needs were assessed and care and support was planned and delivered in line with their individual needs. People living at the home had their own detailed and descriptive plan of care. The care plans were person centred and included family information, how people liked to communicate, nutritional needs, likes, dislikes and what was important to them. The information covered all aspects of people's needs, included a profile of the person and clear guidance for staff on how to meet people's needs.

The service had a strong commitment to supporting people and their relatives, before and after bereavement. People had a 'My future wishes plan.' The information helped staff to better understand a person's needs, if they became ill or needed admission to hospital. It also helped to inform staff of their wishes if they could not fully respond to questions because of their limited capacity. We saw that relatives and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. 'Do not attempt cardio-pulmonary resuscitation' (DNACPR) decisions were seen on care plans and these were reviewed by their own GP.

End of life champions had been identified taking a lead on promoting positive care for people nearing the end of their life. Staff we spoke with told us that they had undertaken specific training to ensure they had were able to support people appropriately as they approached this stage in their life.

Good

Is the service responsive?

Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of three people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities. We asked people who used the service and their relatives about the care planning process. One person said, "I've been told if I want to see my care plan they'll bring it – but I don't want to." A relative said, "I've read it, I was involved in it." However another relative said they had not been involved in the process or and reviews of the care given at the home.

We found that people's care and treatment was regularly reviewed to ensure the care and treatment was up to date. Relatives we spoke with told us they were able to discuss any concerns with the manager. One relative said, "I know that I can speak to the nurses and the manager about my relatives care. They are approachable and deal with things very professionally." Another relative said, "We attend meetings about my relatives care. If things change staff tell me straight away."

We observed that no activities took place in the home during this inspection. We were told that there was an activities coordinator two days a week. This person was also a care worker and we were told that sometimes they were unable to do activities because they were required to cover as a care worker. The registered manager told us that they recognised this was not sufficient and they had identified two volunteers to ensure activities takes place more frequently. She told us that they were awaiting clearance from the disclosure and baring service before implementing a new programme. The registered manager said they were also intending to employ more staff so that the activity co-ordinator did not have to cover care shifts. None of the people we spoke with commented that they had any concerns about the activities provided in the home.

People we spoke with told us they thought the activity co-ordinator was very enthusiastic. One person said, "She is great, she does all the activities, she gets us playing bingo and dominoes. She's done all these decorations (indicating Easter decorations around the lounge) She decorates it for Christmas and Halloween." Another person said, "If any of them (other residents) are a bit down she brings them up. She made us all Easter cards."

The staff we spoke with had a very good understanding of people's needs and how to support them to continue to follow their interests. We saw that daily papers were available for people to read and the home provided a newsletter that informed people of forthcoming events for example trips out of the home the weekly coffee morning which takes place every Tuesday to raise funds for entertainment.

We saw that copies of the complaints policy were displayed throughout the home. People we spoke with mostly said they had no complaints but would speak to staff if they had any concerns. One person said, "I've no complaints, never. If I did I could ask anyone, any of the staff." A relative said, "I have no problems with the home or staff or anything. I'm quite happy; they are all very nice, friendly. I find the owner and all the staff very approachable. If I had any concerns I wouldn't hesitate to raise it." The registered manager said they had investigated two formal complaints and we saw records which confirmed they had reached a satisfactory conclusion. The registered manager told us that she operated an open door policy which encouraged visitors and relatives to raise any concerns they may have.

Good

Is the service well-led?

Our findings

The service was well led by a manager who was registered by the Care Quality Commission in January 2011. She was supported by a deputy manager who provided cover for the registered manager in her absence.

People we spoke with told us they knew who was the registered manager and said they were approachable and would deal with any concerns they might have. A relative said, "The deputy is very approachable, if there is a problem she will try and resolve it, even if she is busy she will talk to you, reassure you if it's needed." A member of staff said, "They (managers and providers) are approachable, are really good. We can talk to them."

Staff took accountability for their work within the home. We spoke with the dietician and tissue viability nurses who work closely with staff at the home. They told us that staff were proactive in making appropriate referrals to them. They said staff were very good at following directions given to them. They told us that the service was well led by the management team and staff who understood their roles and responsibilities

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The provider told us the home worked well with the local community and had developed close links with schools and churches. The local church visits regularly to hold a service and also to visit people on an individual basis. The provider told us that they actively encourage visitors from the local community to attend any services held at the home. Local schools also invite the home to any events that they are holding. A coffee morning held once a week at the home also helps to build on the community spirit within the home.

The registered manager and her deputy had a clear vision of areas that they wanted to develop to make the service better. For example, promoting lead roles for key staff which included dignity, dementia care, infection control and end of life champions. The registered manager told us that designated staff attended forums in those areas which gave them an opportunity to discuss best practice.

The values of this service were reinforced constantly through staff discussion, supervision and behaviour. The management team told us the ethos was to provide the very best person centred care to people to help them to live their lives to the full. To do this they were supported by skilled and dedicated staff who understood the importance of achieving this. Staff told us they were proud to work at the home and wanted to provide the highest standard of care possible.

We spoke with staff about staff meetings. We were told these took place regularly. Items for discussion included issues such as staffing and people who used the service related issues such as problems addressing particular people's needs. We saw minutes from senior managements meeting and full staff meetings. The registered manager told us that senior management meetings took place which gives managers and providers an opportunity to meet to discuss future developments of the service. Staff told us that the providers are visible around the home on a daily basis which they said they liked. They said they felt comfortable to raise any concerns they may have with them.

The provider had effective quality assurance systems in place to seek the views of people who used the service, and their relatives. Surveys were returned to the registered manager who collated the outcomes. Any areas for improvement were discussed with staff and people who used the service to agree any actions which may need to be addressed. We looked at outcomes from the last questionnaires sent to relatives and people who used the service in March 2015. They showed that people were satisfied with the care; however activities were identified as an area for improvement. The registered manager had begun to address this by using two volunteers who were experienced in the care of older people.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental standards of the building. These audits and checks highlighted any improvements that needed to be made to raise the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.