

Beeshaw Care Limited

The Laurels

Inspection report

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Tel: 01603722767

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13 June 2016

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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 ●

Summary of findings

Overall summary

The inspection took place on 13 June 2016. It was an announced visit, as we gave the provider notice the day before the inspection. The home provided accommodation one person with mental health or neurological support requirements and required nursing or personal care. There was one person living in the home when we inspected.

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. There was a registered manager in post.

The home was safe and staff understood their responsibilities to protect the person from harm or abuse and had received relevant safeguarding training. Staff were confident in reporting incidents and accidents should they occur. The person was safely supported to take their medicines.

There were effective processes in place to minimise and review risks to the individual. Assessments had taken place regarding the person's individual risks and clear guidance was in place for staff to follow in order to reduce risk. Recruitment and shadowing processes were in place to ensure that staff employed in the home were deemed suitable for the role.

Staff had received training in areas specific to the person they were supporting and this helped to make sure that they received care that was individual to their needs. Staff gained the person's consent to the care they were providing. The person was supported to access healthcare promptly wherever necessary. Their nutrition and hydration needs were encouraged and they were able to have drinks when they liked.

Staff were able to explain how they promoted choice for the person. The home complied with the requirements of the Mental Capacity Act 2005 (MCA).

Privacy and dignity were promoted and the person had strong, trusting relationships with staff who were kind and compassionate. The person was encouraged to be as independent as possible and make their own choices. Staff and the manager knew the person they cared for very well and understood how to meet their needs. The person planned their care with staff, and many activities were carried out in line with their preferences.

The manager visited the home regularly, and had been working closely with the person for over twenty years. The provider had many systems in place to monitor the quality of the overall service and these were used to develop and improve the service.

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.

There were enough staff to support the person and they understood how to keep them safe.

There were individual risk assessments covering aspects of the person's care. These included their behaviour and health, and the environment in which they lived. These helped to minimise avoidable harm.

The person received support to take their medicines safely.

Is the service effective?

Good ●

The service was effective.

Staff sought consent, and the person was supported to make their own choices.

The person was supported to buy and prepare their food and drinks, which were available throughout the day.

The person had timely access to healthcare services. Staff worked with, and followed advice given from healthcare professionals.

Is the service caring?

Good ●

The service was caring.

The manager and staff were committed to providing individualised care and knew the person very well.

Staff built strong, trusting relationships with the person living in the home and supported them to maintain and increase their independence.

Staff provided compassionate support which reassured the person and increased their quality of life.

Is the service responsive?

Good ●

The service was responsive.

The person was encouraged to participate in a wide range of personal and social activities. The service was responsive to their individual requests, respecting their hobbies and personal interests. The person could go out with staff when they wished.

Staff knew the person they were caring for well and reported any changes or issues promptly.

<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>The provider had effective quality assurance processes which helped drive improvement.</p> <p>The culture of the staff in the home was positive and they worked well as a team. There were motivating, creative and rewarding incentives for staff.</p>	<p>Good ●</p>
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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 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.

The inspection took place on 13 June 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector. Before the inspection, we requested that the provider complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was received from the provider. Before the inspection, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke the person living in the home. We spoke with three care workers and the registered manager. We also spoke with the business manager. We spoke with two healthcare professionals who had regular contact with the service.

We reviewed the person's care records and risk assessments and checked the medicine administration records. We reviewed a sample of other risk assessments, quality assurance records, recruitment files and health and safety records. We looked at staff training records and reviewed information on how the quality of the service was monitored and managed.

Is the service safe?

Our findings

The person living in the home said that they felt safe. Staff knew how to protect the person from harm and had received relevant training. Staff were able to tell us about different types of abuse and who they would report any concerns to should they have any. The person's individual ability to report concerns was risk assessed, and this ability was taken into account in order to further safeguard them against harm. We saw that there were processes in place to protect the person from abuse or harm, as well as help them to communicate any problems, and these contributed to the person's safety.

The care records contained individual risk assessments which included information about the person's behaviour, vision, their safety travelling in the car with staff, their cognition as well as any risks to do with their specific healthcare needs. Individual activities were risk assessed so that the person was supported to take positive risks regarding their social inclusion and independence. This included taking risks such as going out and accessing the community, such as going to activities or going on holiday. Risks were managed in a way that optimised their ability to take part in activities and go out into the community when they wanted. The risks assessments were reviewed three monthly or as needed, to ensure they remained relevant. The staff we spoke with were knowledgeable about risks and were able to explain how they managed these.

There were risk assessments in place for the building and environment. Heating and electrical equipment had been tested. There were contingency plans in place in the case of events which could stop the service such as flooding. We found that equipment for detecting, preventing and extinguishing fires was tested regularly and that staff had training in this area. We saw that evacuation plans were available for each individual living in the home. There was a member of staff dedicated to the maintenance of the property to keep a safe environment.

There were enough staff to meet the person's needs. There was consistently one member of staff to support the person living in the home, and two if it had been assessed as necessary for certain situations. The manager told us that the home was always able to use their own bank of staff to cover annual leave and sickness, however they would support the person themselves if necessary so the person did not have staff they did not know. We saw staff rotas which confirmed the number on shift, and staff confirmed that they sometimes changed if someone was absent from work. We observed that staff were in the house throughout the day of the inspection and were spending time with the person.

The provider's recruitment policies and induction processes were clear and so contributed to promoting the person's safety. We looked at a sample of recruitment records and found that appropriate checks were made before staff were recruited, such as criminal record checks and references. Staff confirmed that they had not been allowed to commence work alone with the person living in the home until relevant checks and training had been completed, and records reflected this. One member of staff was shadowing more experienced staff in the home so that they could get to know the person living there and understand their needs thoroughly. The member of staff confirmed that they were given enough opportunities to shadow in order to feel confident. This showed that an appropriate approach had been taken to ensure that only

people deemed suitable, in line with the provider's guidance were working in the home.

The person was given their medicines in a safe manner using a comprehensive system administered by staff that were trained to do so. The deputy manager checked staff's competencies in administering medicines every six months. Medicines were stored securely and at the correct temperature in locked cupboards. We looked at the person's MAR sheets and found that they were detailed. We found that the system in place was well equipped to minimise the risks of giving someone anything they were allergic to and of someone receiving the wrong medicine. There was an additional medicines information sheet kept for when the person went into hospital for any reason, to minimise risks of losing any medicines and communicate to the hospital exactly what medicines they took.

'As required' medicines were stored safely in labelled boxes, and recorded appropriately. The medicines had a separate sheet detailing when they were taken and what they were for. Medicines records were audited regularly by the deputy manager to ensure that the person had received their medicines as the prescriber intended. We looked at records of medicines to be returned and these were also audited. We noted that the provider completed appropriate audits and when they identified concerns, prompt action was taken to address them. Action taken in cases of human error where a signature had been missed included discussion in supervision, however this had not occurred recently in this home. Medicines were reviewed as needed, and there was a safe and comprehensive system in place for ordering medicines every 28 days. The person in the home used homely remedies which were signed off by the local pharmacist to be safe to use.

Is the service effective?

Our findings

A healthcare professional who had regular contact with the person and staff said, "Their skill in being able to look after [person] has meant they've been well-supported." Staff received comprehensive training and inductions were individualised to the person according to their confidence and experience. Inductions included shadowing, training and supervision. Staff had their medicines competencies observed regularly in detail and attended training regularly.

Staff were supported by the provider to undertake further qualifications such as the care certificate to develop their skills for their roles. In staff's individual professional development plans following any training, they were required to reflect upon their transferable skills learned and record this. This helped the manager to understand how staff were using their training and skills in their roles, as well as observing them.

Staff had three monthly professional development sessions in groups, where they were encouraged to point out colleague's strengths. Staff received yearly appraisals as well as one to one supervisions quarterly. These meetings included making goals for staff to work towards and giving constructive feedback and taking actions from these. Staff told us that these gave them an opportunity to discuss their role and see how they were getting on.

The training staff received included communication and first aid, and staff had individual comprehensive development plans. Staff received specialist training for working with people with acquired brain injury. One member of staff said that this helped them understand certain behaviour better, and how to respond to it, and another said this had helped them support the person properly. This was echoed by other staff members that we spoke with, one saying, "Training is excellent here and regularly updated."

The manager told us that they had in house training which was practical, for example communication training which had changed staff practice in order to maximise communication with the person they were working with. Staff also received specific training in supporting the person to manage their money. This gave staff confidence to carry out this task, whilst retaining the independence of the person at the home. We looked at records confirming that training had been carried out.

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 interest and as least restrictive as possible. One member of staff told us how a person's capacity to understand and remember information to make some decisions was variable. They told us that they always assumed that the person had capacity to understand, and they supported them to make decisions allowing for times when their capacity was impaired. One member of staff said, "I always respect [person's wishes, and listen to what [person] says and wants." A psychologist had carried out a complex mental capacity assessment in order to support the person with decisions in the least restrictive way possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called 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. The manager had applied for DoLS for the person living in the home following the appropriate mental capacity assessments. The DoLS application had been authorised and was explained and discussed with the person, and least restrictive solutions were followed. The person had been able to agree that the restrictions in place were for their best interests. A healthcare professional who worked closely with the person said, "I've found [staff] to be very responsive to [person's] changing capacity." We found that staff supported the person to make decisions where they could and were well-informed about these.

Staff had sought consent from the person regarding their medicines and finances, and this also applied to carrying out care for them. A healthcare professional who visited the home regularly confirmed that they always observed that staff sought consent from the person when providing support.

The person living in the home told us that they were supported to make their meals, and that they could choose certain things to eat. They told us that they developed a weekly menu themselves with their care worker. Staff supported them to eat the appropriate foods and make informed decisions about their meals.

The person's key worker explained how they supported the person with access to additional healthcare services. This included the GP and dentist, and any medicines reviews. The person had input from other healthcare professionals when appropriate and in a timely way. Other healthcare professionals such as psychologists, consultants or speech therapists were referred to when needed.

Is the service caring?

Our findings

A healthcare professional said, "It's a loving, caring environment to be in." A member of staff told us how they treated the person like a family member, and reiterated the importance of knowing the person well. They said, "I know when [person] is anxious, and when to reassure them." We observed positive and caring interactions between staff and the person living in the home and noticed that they had built strong relationships. Staff were able to tell us in detail about the person's preferences, and how they wished to be supported.

We saw that staff encouraged the person to try to do things independently as much as possible both in the home, and regarding choosing things to do outside of the home. The support staff gave the person with their communication helped them maintain their independence as it made it easier for them to access activities in the community as well as to express their views. Staff supported the person to increase their ability to communicate effectively by tailoring their language to suit the person, and encouraging them to slow down when necessary.

The person told us that they knew the staff well and felt comfortable with them. We saw that the staff supported their emotional wellbeing, as well as their rehabilitation needs. The person told us that when staff supported him during and after appointments, they found it reassuring, saying, "It makes me feel good." They also said that when staff organised something fun to do following an appointment that they were worried about, "It gives me something to look forward to." This demonstrated to us that the staff were thoughtful and creative in their approach to reassuring the person and allaying their anxieties about specific things.

We observed that the staff approached behaviour that challenged in a way that was discreet and sensitive. The manager explained to us that they endorsed a culture of caring attitudes not only from the staff, but from people towards staff. Where there was behaviour which staff could find challenging, this was discussed and resolved individually with the person and it helped to maintain positive relationships between staff and the person living in the home. Staff were able to tell us how they adapted their communication and the importance of this when working with the person living in the home.

The person living in the home told us how they were able to participate in activities, but could spend time in their room if they liked. Staff explained how they promoted the person's dignity and respected their privacy. One member of staff said, "I would never go into [person's] room without knocking." They also explained how they reminded the person to maintain their own privacy by shutting doors or curtains if necessary. Staff explained how they preserved the person's dignity when supporting them with personal care by respecting their space and promoting their independence.

The person was actively involved in making decisions about what they did. The staff helped the person to express their views and be involved in planning their care. Care records confirmed that the person had signed to say they had been involved in discussions about their care. The person had written their own personal care plan with support from staff. This reflected their feelings, needs, likes, dislikes and history. This

was added to the main care records which included assessments which had been carried out, additional healthcare correspondence, staff notes and details of other healthcare professionals involved in their care. The person's level of independence was assessed, so that they received the appropriate level of support that they required. This level of independence was reviewed as and when their needs altered and the manager responded appropriately to these changes.

There was a comfortable and homely atmosphere at The Laurels. The person was surrounded by items within their room that were meaningful to them, such as posters and family photographs.

Is the service responsive?

Our findings

The person living in the home received personalised care that was responsive to their individual needs. Care records were updated whenever support needs changed and they were formally reviewed at various intervals with different people's input. These included the key worker and the manager. The staff asked advice from other healthcare professionals when appropriate and the person's health needs were addressed promptly.

The person had their own car which staff could drive them in so that they were able to go out regularly. They told us some of the things that they did on a regular basis, which included visiting their friends at one of the other provider's locations, as well as attend activities at the local village hall. They also told us about some holidays that they had been supported to go on and enjoyed, showing us pictures. The staff we spoke with told us that the person liked to go out and do different things regularly. The person explained to us how staff supported them in keeping the garden by growing and tending to plants and keeping it looking nice. We observed that the garden was flourishing and the person was proud of this.

The person carried out the housework and prepared food with support from a member of staff. This responsibility helped to enhance the person's wellbeing and feeling of independence. The person had a weekly structure in place, however activities planned were flexible according to the weather, how they felt that day and what they wanted to do. This meant that individual decisions about what to do were promoted and organised wherever possible, and these positively contributed to the person's wellbeing and enhanced their quality of life. The home consistently provided opportunities for engagement in activities.

The person's support needs were supported by staff holding three monthly 'client care' meetings where they discussed each person individually, including their progress and if anything had changed regarding their support needs and health. In addition to these staff had a verbal handover between each shift to update each other on the person's wellbeing. The team working with the person kept thorough communication and knowledge about the person's requirements.

Staff were responsive to working towards the person's goals. The person told us how staff had supported them to improve their ability to communicate in writing, and how they had been creative in developing a way in which the person could remember more, in turn contributing to their independence. They told us how they had learned to read and write whilst working with the staff, and learned to type. With support from staff, they typed in their diary daily and this not only enabled them to practice typing, but to print it out daily so that they could remember more detail. They told us how this enabled them to remember to do certain things around the house, such as washing, by looking back at what they had done during the last few days. The person's key worker told us how much their ability had improved, and added how it helped them, "It helps [person] to remember what they've done, and organise their time." The person went on to explain how staff supported them to write to their relatives. The team proactively supported the person to maintain contact with their family. We observed that staff positively supported the person in their verbal communication. The key worker we spoke with explained how they were supporting the person to work towards their longer term goals by continually practising the writing and reading, as well as discussing what

the person wanted to achieve.

The service had not received any complaints but the person felt that if they had any concerns they would go to the manager or another healthcare professional and that they would be resolved. There was a complaints procedure in the information pack which was supplied to the person.

Is the service well-led?

Our findings

Staff said that morale was good and they worked well as a team. We observed that staff worked well as a team, and that there was thorough communication between them. One member of staff we spoke with said, "We're a good team, we all get along." A healthcare professional who had regular contact with the service told us that the manager was approachable and would discuss the person's support needs with them as appropriate.

The provider had developed some of their own assessments as part of a rehabilitation pathway. One of these was an assessment of independence which was a way to assess and review people's ability in different areas, and helped inform what level of support they would need. The provider kept links with the community, such as the local village hall and the church which the person attended regularly. This helped to ensure that the person was engaged in their local community and they told us how important this was to them.

The manager visited the home regularly and had a strong relationship with the person living in the home. We observed that the person joked with the manager and responded well to their prompts regarding their communication. The manager and the person told us that they had been working together for over twenty years. The manager was also responsible for some other homes, which the person visited often. Staff said that they were well supported, one saying, "If there's anything I'm not sure of, I'd get their advice."

The manager told us that they supported staff in a way that was individualised, and staff confirmed this. They used a learning style questionnaire with staff to better understand ways of learning that would suit individuals. They were flexible in terms of staff inductions when they came into the service. This helped to ensure that staff felt confident and competent in their roles. A member of staff told us that they felt well-supported whilst shadowing at The Laurels, and that they were confident in the manager's guidance regarding providing support for the person.

The home had developed creative ways of engaging and motivating staff. There was a system of staff nominations system where staff voted for a colleague who they felt had gone the extra mile in their work. This was discussed throughout the year in terms of who was winning and the winner at the end of the year would win a week's holiday in Tenerife. The manager told us this had improved morale. Staff were motivated and rewarded for additional responsibilities such as becoming a key worker. The management team told us how they valued staff by getting them small individual gifts at Christmas, with a note to say what they had done particularly well that year. The provider had a low staff turnover and good retention rates and recruitment records confirmed this.

There were officers to champion work in specific areas, for example in activities, dignity and diversity, health and safety and nutrition. They worked across the provider's units. These members of staff were required to audit and monitor these areas of practise and liaise with key workers to take action where appropriate. For example, the health and safety officer had carried out audits in infection control and food safety. The audit had led to some actions required which had then been fulfilled, checked by them and signed off. All officers

submitted a monthly report to the deputy manager for each unit in the organisation, covering any changes and updates. They updated staff on any legislation or news in their areas of expertise. The key worker we spoke with confirmed that they were required to send the deputy manager a monthly report about the person they were caring for so the management team could remain well-informed of any updates.

The manager and deputy manager carried out regular spot checks on staff to ensure they were working as expected. This included ensuring that duties in the home were carried out fairly, talking with the person who lived there, and checking that staff were punctual. Disciplinary action was taken when appropriate. Performance management systems were in place when needed to ensure that staff were working to the expected standards. This meant that the service was monitored so that problems would be picked up and acted upon and staff were working to a high standard.