Embrace (Derby) Limited

The Laurels

Inspection report

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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

This was an unannounced inspection that took place on 13 September 2017.

The Laurels is registered to provide accommodation, personal care and nursing care for up to 45 older people, including people living with a physical disabilities and/or dementia. The service is situated in Spondon village and is on two floors with a passenger lift for access. There is a secure garden at the rear of the premises and a patio area for most ground floor rooms.

At the time of our inspection there were 34 people using the service.

The service has a registered manager. This is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and relatives told us the service was well-managed and provided a high standard of care. They said they had confidence in the registered manager who was approachable and helpful. They told us the care and nursing staff were kind, thoughtful and caring.

There was an established staff team and staff turnover was low with some staff having worked at the service for a number of years. This meant staff had the opportunity to get to know the people they supported well. All the staff we spoke with were knowledgeable about the people at the service, their personalities, and what was important to them.

People were encouraged to make choices about all aspects of their care and support including getting up and going to bed times, activities, personal care routines, and menu choices. Staff consulted with people and their relatives about how they wanted their care provided and ensured this was recorded in people's care plans.

Staff knew how to keep people safe. They managed risk well by providing good quality and consistent care. The service was well-staffed. During our inspection visit call bells were answered promptly and if people needed support they didn't have to wait for long. People had their medicines on time. Staff met people's healthcare needs promptly and effectively and knew when to call in a doctor if they were concerned about a person's well-being.

Staff were well-trained and had the skills and knowledge they needed to provide effective care. They understood the importance of obtaining people's consent before carrying out care tasks and how to make decisions in their best interests where necessary.

People said the food served was good quality and the menu varied giving them plenty of choice. During our

inspection visit we spent time in the dining room with some people who were having a late breakfast. There was a leisurely atmosphere. Staff asked people what they wanted and brought it to them promptly. A relative told us mealtimes were flexible as people preferred this.

People had the opportunity to take part in group and one-to-one activities. We saw one activity take place that involved throwing a soft ball onto a large bullseye on the floor. All those involved had turns and there were smiles and laughter as the activity progressed. At the end the tea trolley arrived and people had tea and biscuits. The atmosphere was lively and friendly and everyone present appeared to enjoy the activity and the socialising afterwards.

People and relatives also had the opportunity to comment on the service through completing surveys and attending meetings where activities, menus, and complaints were discussed and those present were asked for their views and suggestions. During the course of our inspection visit we saw the registered manager continually interacting with people and checking the quality of their care.

The regional manager, registered manager, and staff carried out quality audits to ensure the service was running effectively. Records showed they listened to people, relatives and staff and made improvements where necessary.

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 using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff supported people to manage risks.

There were enough staff on duty to keep people safe and meet their needs.

Medicines were safely managed and administered.

Is the service effective?

Good

The service was effective.

Staff were trained to support people safely and effectively and seek their consent before providing care.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet.

People were assisted to access healthcare services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and valued the people using the service.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

Staff encouraged people to take part in group and one to one activities.

People knew how to make a complaint if they needed to.

Is the service well-led?

Good

The service was well led.

The service had an open and friendly culture and the registered manager was approachable and helpful.

The registered manager and staff welcomed feedback on the service provided and made improvements where necessary.

The provider used audits to check on the quality of the service.

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.

This inspection took place on 13 September 2017 and was unannounced.

The inspection team consisted of an inspector, a specialist advisor, and an expert by experience. A specialist adviser is a person with professional expertise in care and nursing. Our specialist advisor had dementia nursing expertise. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had expertise in caring for people living with dementia.

We looked at information received from local authority and health authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with six people using the service and four relatives. We spoke with the registered manager, the regional manager, two nurses, and four care workers. We observed people being supported in communal areas. We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care and nursing records.

Good

Is the service safe?

Our findings

People mostly told us they felt safe at the service. One person said, "I feel safer here because I was on my own at home. I like the door [to my room] open. I haven't got any concerns." Another person told us they felt safe because, "The staff are nice and gentle."

One person said they hadn't always felt safe because of two incidents that occurred when another person using the service came into their room uninvited. However they told us staff had taken action to prevent this happening again. They told us, "I feel 99% safe now. They handled it well the second time. They've made various changes."

We discussed the two incidents, which CQC and the local authority had been made aware of, with the registered manager during the inspection visit. We also looked at the relevant records. These showed that the registered manager and staff had documented and addressed the incidents and involved the person affected and their family members. To prevent a recurrence security at the service had been improved to reduce the risk of people going into each others rooms.

All the staff we spoke with had a good understanding of their safeguarding responsibilities. They told us they followed the provider's safeguarding policies and procedures which were on display, and otherwise available at the service. This meant they had the information they needed to respond to any safeguarding incidents that might occur.

Relatives told us they thought staff managed risk well and kept their family members from harm. One relative said, "They're very careful with [my family member]. The bed has padded sides and they're up for support and protect [my family member] as well." They also told us staff checked on their family member regularly to ensure they were safe and their needs were being met.

Another relative told us their family member, who likes to walk around the service, had been moved downstairs so staff could keep an eye on them. The relative said, "[My family member] is mobile and wanders. [My family member] is safer downstairs." A further relative said their family member also liked like to 'walk up and down'. They told us, "[My family member] is very mobile and staff have always got a really good idea where they are."

People had risk assessments in place where necessary. Daily records showed staff followed the risk assessments which were evaluated on a monthly basis or more often if required. This meant staff had up-to-date information on keeping people safe.

We looked at how staff managed risk. One person had a risk assessment for skin viability. The person had been admitted to the service with pressure sores so staff put a range of measures in place to address this and reduce future risk. This included supplying the person with a pressure relieving mattress, assisting them to reposition every two hours, applying barrier cream, and supporting them to improve their nutrition through regular meals and nutritional supplements.

The risk management strategy had worked as records showed that within three months the pressure sores were gone and the person's skin was intact. In order to maintain this staff were continuing the care regime. This was an example of staff successfully managing risk to a person's health.

We looked at how staff managed risk with regard to a person who smoked. Records showed staff had risk assessed this activity and put measures in place to reduce the risk. This meant the person had access to a safe outdoor area, a smoking apron if they wanted this, and the use of a mobile emergency call bell so they could summon staff if they needed assistance. This reduced the risk to the person concerned.

People told us the service was usually well-staffed. One person said, "There is staff here to help me all the time." A relative told us, "I think there is enough staff. The only time I've seen agency staff they were pleasant, I've had no problems. If I need someone I'll call them and there's usually someone around to help. [If my family member needs support] I'll find someone and they'll come."

Another relative said they thought weekend staffing was not always as good as staffing during the week. They said, "Yes I think there is enough staff. I think at weekends it can be a little less well staffed, buzzers can go on a little bit longer." Records showed there were slightly less staff on duty at weekends, as senior managers were not always at the service, but the numbers of care and nursing staff remained the same.

On the day of our inspection visit the service was well-staffed with three nurses, one of whom was the clinical lead, and six care workers on duty. Call-bells were answered promptly and if people needed support they didn't have to wait long for this. The registered manager was also on duty along with a team of ancillary staff including kitchen staff and cleaners.

Care and nursing staff told us the staffing levels were satisfactory and meant they were able to provide safe care in a timely fashion. A care worker told us that if extra staff were needed, due to a person's needs increasing, "Our manager would do her very best to make sure there were extra staff on duty or if really needed, agency staff would be called upon." The registered manager told us if agency staff were used she made sure they were 'regulars' so they already knew the people they were supporting.

Records showed the provider operated a safe recruitment process to help ensure the staff employed had the right skills and experience and were safe to work with the people using the service. We checked two staff files and found they had the required documentation in place including police checks and references. This meant only staff judged to be suitable worked at the service.

We looked at how staff managed people's medicines. One person said they were always given their medicines when they needed them and in the way they wanted them. A relative told us, "As far as I can tell [my family member] gets them on time."

During out inspection visit we looked at medicines policies and procedures, PRN (as required) medicines use, covert medication administration and policy, staff knowledge and awareness of associated risks in medicines administration and the implementation of NICE (National Institute for Clinical Excellence) guidelines for safe storage. We also examined MARs (medicines administration records) for accuracy and legibility.

We found that medicines were stored securely and at the correct temperatures. The service's contract pharmacist delivered people's medicines when required and removed any unused medicines. This meant medicines stocks were kept safely and to a minimum.

People's medicines records were clear and well-organised and had photograph of each person attached so they could easily be identified when medicines were administered. If people were on PRN (as required) medicines they had a protocol in place explaining when the medicines should be given and why. This meant PRN medicines were only given when necessary.

There had been a medicines error since our last inspection when a person had been given the wrong dose of their medicines. Records showed staff took appropriate and prompt action when this happened. This included seeking medical advice and letting the person's next of kin know what had happened. The registered manager said lessons had been learnt from this incident and the service's medicines procedures reviewed and improved.

Only nurses who had completed a medicines administration competency examination were permitted to administer medicines. A named nurse was responsible for the management of medicines delivery, disposal and return. There was a signed sheet for nurses authorised to administer medication so it was clear who they were. These measures helped to ensure that medicines were safely managed at the service.

Good

Is the service effective?

Our findings

Relatives said the staff were well-trained. Two relatives told us the staff were skilled at assisting people to move. One relative said, "I've seen them use the hoist correctly and the rotunda. They know how to move different patients." Another relative told us that by providing effective care the staff had prevented their family member from getting pressure sores. They said, "They carefully roll [my family member] to change the bed. They know what they're doing and it goes like clockwork."

Records showed staff completed a comprehensive induction followed by a range of courses designed to give them the skills and knowledge they needed to provide effective care. Most training was renewed annually with some, for example fire safety, being renewed every six months. More specialised training was provided when necessary. For example some staff had been trained to use syringe drivers so they could assist with people's medicines during end of life care.

The nurses and care workers we spoke with said they were satisfied with the training they had received. Some said they had particularly benefitted from the dementia training and would like to further their knowledge in this area. The registered manager, who had completed several nationally-recognised dementia care courses, said she was aware of this and in the process of sourcing further dementia care training for staff. This will help to ensure staff provide high-quality and effective care to people who were living with dementia.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

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 found that they were and related assessments and decisions had been properly taken and kept under review.

Records showed that people had been assessed with regard to their ability to consent to their care and to make informed decision about their daily lives. Staff had had training in the MCA and DoLS and understood the importance of obtaining people's consent before carrying out care tasks.

Relatives told us that if their family members were unable to consent to some areas of their care and support the staff knew how to address this. One relative said, "The decisions they make for [my family member] are in their best interests." Another relative told us, "Staff know what's best for [my family

member], they're very experienced and very good."

People told us they liked the food served. One person said, "The food is very good. I get enough and it's varied. They would try to get you something special if you wanted it. We usually have a choice of two dishes." Another person told us, "The food is nice. If I want any more I always get it. They bring it to me in bed. I have liquidised food, I can't swallow. And yes it's hot enough."

Relatives said staff supported people with their nutrition and hydration. One relative told us, "The staff keep a record of [my family member's] food intake, if they are concerned about it they'll put [my family member] on the list to see the doctor." Another relative said staff weighed their family member every week to check they were getting adequate nutrition. A further relative said staff encouraged their family member to eat and also understood when they'd had enough.

Meals were served at set times and also when people wanted them. During our inspection visit we spent time in the dining room with some people who were having a late breakfast. There was a leisurely atmosphere. Staff asked people what they wanted and brought it to them promptly. A relative told us mealtimes were flexible as people preferred this. They told us, "They get snacks and meals when they want them. When I came once [my family member] was in the dining room and it was after breakfast, quite late. They were having tea and toast when they wanted it. It's more like a home from home here because the staff are flexible." This approach enabled people to eat when they wanted to and at their own pace.

There was a pictorial menu board in the dining room but staff were not using this and it did not match up to the meals being served on the day. We discussed this with the registered manager who said she would ensure staff kept this up to date in future so people knew what was on the menu.

During our inspection visit people were continually offered drinks to ensure they remained hydrated. One person had tea, then juice, then more tea in the space of an hour because this was what they wanted. Staff regularly brought a tea trolley round to people and jugs of juice were available in communal areas and in people's room so they had access to plenty of fluids.

Records showed people's nutritional needs were assessed when they came to the service. The assessment focused on people's weight, swallowing ability, the assistance they might need to eat and drink, specialised dietary requirements, and their appetite. Staff then produced an eating and drinking plan for each person in order to meet their nutrition and hydration needs. This meant people were supported to eat and drink enough and maintain a balanced diet.

People told us they were satisfied with how staff met their healthcare needs. One person said, "Yes I think they all know what they are doing and yes they listen to me. They would call the doctor if I didn't feel well – absolutely! When I had a cough they fetched the nurse and called the doctor." Another person said, "Yes the staff definitely know what they are doing. They will call the doctor if they're worried."

Relatives were also satisfied with this area of the service. A relative said, "Health? Yes they keep on top of that. [My family member] coughs easily and the nurse called the doctor just to check."

The care staff we spoke with had a good understanding of what to do if they were concerned about a person's health. One carer worker said, "I would go straight to one of the nurses or [the registered manager]. This is because I know they will get things done.'' Records showed that if a person's needs changed and they required medical assistance they were promptly referred to an appropriate healthcare professional.

People's healthcare needs were set out in their care plans so staff knew how to meet these. If people saw a GP or other healthcare professional staff completed a record. This stated the reason medical attention had been sought, the outcome of the consultation, and actions staff took as a result, for example implementing changes to people medicines routines. The meant that staff had the information they needed to ensure people's ongoing healthcare needs were met.

Good

Is the service caring?

Our findings

People and relatives made many positive comments about the caring nature of the staff. One person said, "They are kind and caring. They talk to me and listen to me." Another person told us, "All the staff are cheerful here. They all ask me how I am every day."

A relative said, "Its wonderful care here. Despite the fact that there's so many to look after the staff are very patient. They'll talk to [my family member] even though they can't respond." Another relative told us the staff were 'compassionate' and said 'nothing was too much trouble' for them.

One relative gave us an example of the thoughtfulness of the staff. They told us, "For [my family members'] wedding anniversary I said can you make a cake for the whole home to share. When we came in they'd done above and beyond. They'd made a party tea for everyone and a special table for the family with balloons and everything. Completely unexpected!"

Records showed there was an established staff team and staff turnover was low with some staff, including nursing staff, having worked at the service for a number of years. Relatives told us this meant the staff had the opportunity to get to know their family members which had a positive impact. One relative said their family member had difficulties communicating which staff were able to overcome. They told us "[My family member] has been here for a long time and quite a few staff have been here for years and know [my family member] very well. They know their mannerisms." All the staff we spoke with were knowledgeable about the people they supported, their personalities, and what was important to them.

During our inspection visit we saw staff communicated in a caring manner with the people they supported. If people had difficulty communicating their needs staff made sure they had the time and opportunity to do this. Staff ensured people were involved in the social life of the service if they wanted this. For example, we saw a care worker interacting with a person who was unable to communicate verbally. They talked with this person and commented on what was going on around them to help ensure the person felt included and cared for.

People had a 'This is me' booklet in their care records to help ensure they received personalised care. Staff were told to read these and familiarise themselves with people's lifestyles and histories in order to gain better understanding of their needs, like and dislikes, and interests. For example, one person's booklet included information on their previous occupation and staff said they liked to talk about this so staff made sure they had the opportunity to do so.

People were encouraged to make choices about all aspects of their care and support including getting up and going to bed times, activities, personal care routines, and menu choices. One person told us, "There are no restrictions on moving around or relatives visiting. I could go to the dining room if I wanted to but I prefer to stay here [in their bedroom]." Records showed staff consulted with people and their relatives when writing and reviewing care plans.

Relatives told us both they and their family members were invited to take part in care planning and reviews. One relative said, "I've been involved in planning my [family member's] care. They do a review every six months." Another relative said staff had consulted with them about placing a pressure mat in their family member's room to alert staff if they got up in the night.

Relatives said staff promoted people's privacy and dignity. One relative told us, "They respect [my family member's] privacy and dignity. They shut the door and put a sign up [when personal care is being provided]." Another relative said staff always closed their family member's door and pulled the curtains when their personal care needs were being met. During our inspection visit we saw that staff were respectful towards people and provided personal care sensitively and discreetly to ensure people maintained their dignity at all times.

Good

Is the service responsive?

Our findings

People told us staff met their needs promptly and efficiently. One person said, "Wherever I go they get there first so they're ready to help me." Another person told us, "The staff are very good at helping us all. They seem to know what we want. I can't fault them."

Relatives said staff provided personalised and responsive care. One relative said, "They [the staff] are very flexible here. If there's a sudden change or [my family member] picks up a bug they handle it." Another relative told us their family member's needs had increased since they came to the service and staff had increased their support to meet these.

People's care records included a detailed assessment of their needs followed by care plans and other documentation which set out how staff were to meet these. A relative told us staff ensured they had the information they needed about people when they first came to the service. They said, "When [my family member] came here from hospital the staff here hadn't had very much information on their condition. But staff here made it their job to find out as much as they could so that they could offer [my family member] the best care." This was an example of staff taking steps to ensure they could provide people with responsive care.

Care records showed that staff had clear instructions on how to respond to people's individual needs. They were personalised and mostly included the information staff needed to provide appropriate care and support. We did find a lack of detail in one person's care records. They were assessed as being at risk of 'social isolation'. However there was no care plan in place for this and although staff were told to 'continue to monitor' the person there were no instructions in place for to address this issue. We discussed this with the registered manager who said she would review the person's care plans and make improvements where necessary.

We looked at the service's activities programme and discussed this with people and relatives. One person said, "There lots to do if you want to, the staff ask us. I think there's something every day. I know we have singers coming in." A relative told us staff encouraged their family member to take part in activities. They told us, "They know [my family member] loves singing and they make sure they are involved when it happens."

Two relatives said the service used to have an activities co-ordinator but they had left and not been replaced. They felt the amount of activities had reduced because of this. The registered manager told us they were in the process of recruiting a new activities co-ordinator and in the meantime care workers were providing activities. Records showed these included both group and one-to-one activities for people. This meant all the people using the service had the opportunity to take part in activities if they wanted to.

During our inspection visit we saw 12 people playing a ball game in one of the lounges. This involved throwing a soft ball onto a large bullseye on the floor. All the people had a go and there were smiles from people when it was their turn and laughter. Staff called people by their names and made sure all were

included. Music played in the background and some people were singing or tapping their feet. At the end the tea trolley arrived and people had tea and biscuits. The atmosphere was lively and friendly and everyone present appeared to enjoy the activity and the socialising afterwards.

We looked at how staff responded is a complaint was made. The provider's complaints procedure was on display at the service. It needed updating to include contact details for the local authority, who have a role in complaints investigation, and we felt it would also benefit from being made clearer and easier to follow. By the end of our inspection visit this had been done and a new more user-friendly version was in place. This will make it easier for people to raise concerns if they need to.

Records showed all complaints were logged and complainants given a response once the complaint had been investigated. One relative told us they raised a concern about an aspect of the service. They said they were satisfied that management had addressed this. However they said they would have liked the opportunity to meet with management afterwards and get reassurance that lessons had been learnt. We discussed this with the registered manager who said she would address this and ensure that in future anyone who complained would be offered a follow-up meeting once the complaint had been investigated.

Good

Is the service well-led?

Our findings

People and relatives told us the service was well-managed and provided a high standard of care. One person said, "I think it's great. It's a lovely place. The staff are all nice." A relative told us, "In my opinion the care here is very good. I don't think you could do better." Another relative said, "It's superb here." They told us their family member had come to the service temporarily but stayed on because they liked it so much. Relatives said they were always made to feel welcome at the service. One relative told us, "When the tea trolley comes round the staff always ask the relatives if they want a cup."

People and relatives had confidence in the registered manager. One relative said, "The manager is 'hands on'. She doesn't shut herself away. You'll see her on a daily basis and I don't think she misses anything." In discussion with people, relatives and staff the registered manager's name came up many times as the person they would go to if they had a problem or needed advice.

We found the registered manager had the best interests and welfare of the people using the service and staff at the heart of everything she did. She told us she carried out daily 'walk around' at the service to observe care and give people, relatives, and staff to opportunity to talk with her about the service. During the course of our inspection visit we saw the registered manager continually interacting with people and checking of the quality of their care.

People and relatives said they also had the opportunity to comment on the service through completing regular surveys. One relative said, "I've had a couple of surveys. They're confidential but as I'm quite happy about the service I put my name on them." Meetings for people and relatives were held every few months and chaired by the registered manager at the request of the people who attended. The minutes of the last meeting, in July 2017, showed that 10 people and relatives attended. During the meeting activities, menus, complaints, and privacy and dignity were discussed and people were asked for their views and suggestions. This led to changes at the service, for example an improved menu.

Staff said they felt well-supported at the service and had the opportunity to discuss their work at regular meetings and supervision sessions. The minutes of the last staff meeting, held in August 2017, showed record keeping, pressure area care, and safeguarding were discussed. This was an example of staff having the opportunity to discuss how best to provide people with good-quality care and support.

In assessing quality at the service the registered manager and staff followed the provider's quality assurance policies and procedures. The regional manager, registered manager, and staff carried out a series of quality audits to ensure the service was running effectively and to identify any areas in need of improvement. For example, a recent audit of pressure area care showed the service had scored good marks for this and that improved record keeping would increase their score even further. This was discussed at a staff meeting so staff were clear how they could improve their performance.

The registered manager told us she was well-supported by her regional manager, who attended our feedback session at the end of the inspection, and also had peer support from managers at the provider's

other services. She said the regional manager was always contactable and visited the service on a regular basis to provide support and advice.

The regional manager carried out the provider's monthly quality visits and completed a record of each of these. Each visit included a discussion with the people using the service, relatives, and staff, a records review, an inspection of the premises, and a review of health and safety. Records of these visits showed action were clearly identified so the registered manager and staff knew which areas to focus on so they could improve the service.

During our inspection we noted that the environment, which was clean and fresh throughout, might benefit from being made more stimulating for people living with dementia and others. Some areas, for example the dining room and lounges, were plain and there were few items in them to encourage discussion and interaction. We discussed this with the registered manager who agreed to look into improving the environment for people and making it brighter and more interesting.