

Polesworth Group Homes Limited

# Polesworth Group Laurel End

## Inspection report

Laurel End, Laurel Avenue  
Polesworth  
Tamworth  
Staffordshire  
B78 1LT

Tel: 01827896124

Website: [www.polesworthhomes.co.uk](http://www.polesworthhomes.co.uk)

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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

Laurel End is a residential home which provides accommodation and care to up to nine people with learning disabilities. At the time of our inspection visit, there were eight people living there.

At the last inspection, the service was rated good. At this inspection we found the service remained Good.

A new registered manager was in post. 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.

The registered manager took over from the previous manager in January 2017.

People and relatives were at the heart of making care decisions and reviewing their care to ensure it continued to meet their needs. The service was extremely responsive to people's needs, and comments made to us were universally positive. Care plans contained accurate and detailed relevant information for staff to help them provide the individual care people required. Plans were in place for the provider to enhance how it helped people achieve their aims and aspirations, to enhance people's well-being.

People and relatives were very complimentary and satisfied with the quality of care they received. People received care that enabled them to live their lives as they wanted and were able to make choices about maintaining their independence. People were encouraged to make their own decisions about the care they received and care was given in line with their expressed wishes. People were supported to maintain relationships with people who were important to them.

For people assessed as being at risk, care records included information for staff so risks to people's health and welfare were minimised. Staff had a good knowledge of people's needs and abilities which meant they provided safe and effective care. Staff received essential training to meet people's individual needs, and used their skills, knowledge and experience to support people effectively and develop trusting relationships.

Medicines were stored and administered safely and as prescribed.

People's care and support was provided by a caring staff team and there were enough trained and experienced staff to be responsive to meet their needs. People told us they felt safe living at Laurel End and relatives agreed. Staff knew how to keep people safe from the risk of abuse. Staff and the registered manager understood what actions they needed to take if they had any concerns for people's wellbeing or safety.

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

People received a choice of meals and drinks that met their individual dietary requirements at times they wanted them.

People, relatives and staff were encouraged to share their views of the service through regular meetings and surveys. Plans were in place for the provider to enhance the way they gathered feedback so the service could improve. The registered manager had an 'open door' policy for people, relatives, staff and visitors to the home.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service is Good.

### Is the service well-led?

Good ●

The service remains Good.

# Polesworth Group Laurel End

## **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 visit took place on 9 August 2017. It was a comprehensive, unannounced inspection and was undertaken by one inspector.

We reviewed the information we held about the service. We looked at information received from relatives, the local authority commissioners and the statutory notifications the manager had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

We reviewed the provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with four people who lived at the home, but they were not all able to tell us about their care and support in detail because of their complex needs. We observed how people were supported to maintain their independence and preferred lifestyle. We spoke with the Chief Executive and four care staff. We also spoke with the registered manager, three relatives and one health professional over the phone following our inspection visit.

We looked at three people's care records and other records including quality assurance checks, training records, observation records for people, medicines, and incident and accident records.

# Is the service safe?

## Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and safe staffing levels continued to support people. The rating continues to be Good.

Everyone we spoke with told us they felt safe living at Laurel End. One person said, "Yes, I feel safe. I use my 'walker' as I am not very steady on my legs." Relatives also felt people were safe, telling us they never had any concerns about people's safety and well-being.

Staff received safeguarding training, which made sure they understood the signs that might indicate a person was at risk of abuse. Staff understood their responsibility to report any concerns, and were confident the registered manager would take action to keep people safe. The provider's whistleblowing policy gave staff confidence to challenge poor practice and to share any concerns with the manager.

Care plans included risk assessments related to people's individual needs and abilities. The care plans explained the equipment, number of staff and the actions staff should take to minimise identified risks. Staff knew about risks to people, and we observed how they followed plans in place to keep people safe. For example, staff encouraged one person to walk with equipment that had been provided to help them do so safely.

Other risks, such as those linked to the premises, or activities that took place at the service, were also assessed and actions agreed to minimise the risks. Routine maintenance and safety checks were carried out, such as checks of gas and electrical items. This ensured people were safe in their environment. Everyone living in the home had their own fire evacuation plan which contained details of the support they would need to evacuate the home in the event of an emergency. The provider had recently taken action to minimise the risk of fire, by installing a sprinkler system.

The provider used risk assessments, care plans and their detailed knowledge of people's needs, to make sure there were enough skilled and experienced staff on duty to support people safely. We observed staff were on hand to support people as needed with day to day support, as well as being able to respond should someone want to go out.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from previous employers and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions.

People received their medicines when required. Medicines were managed, stored and administered safely, in accordance with best practice guidance. Medicines were audited regularly, and records showed that where, for example, a care worker had administered medicines but not signed the person's Medicines Administration Record (MAR), this was identified quickly and action taken to ensure safe practice was followed.

## Is the service effective?

### Our findings

At this inspection, we found staff had the same level of skill, experience and support to enable them to meet people's needs as effectively as we found at the previous inspection visit. People continued to have freedom of choice and were supported with their dietary and health needs. The rating continues to be Good.

The provider had effective systems to ensure staff were trained and new staff employed at the home had an induction that equipped them with the necessary skills and support. Newly recruited staff told us their induction programme included training and 'shadowing' (working alongside) experienced staff, before working independently with people. One staff member explained, "My induction was very good. I was mentored and I shadowed other staff for three to four weeks. I had lots of support." The provider's induction was linked to the Care Certificate. The Care Certificate assesses staff against a specific set of standards. Staff have to demonstrate they have the skills, knowledge and behaviours to ensure they provide compassionate and high quality care and support.

Relatives told us staff were well trained, and this made them confident people were supported effectively. Staff spoke with us confidently about training they had received, and about being able to request specialist training if required. Training records kept by the registered manager ensured training was kept up to date.

Staff had regular opportunities to meet on a one to one basis with the manager or the assistant manager, which helped them to develop their skills.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff and the manager all understood their responsibilities under the Act, and people's care records included information about the support they needed with decision-making. Where people lacked the capacity to make an informed decision, the registered manager had applied to the supervisory body for the authority to restrict their choices and freedom in their best interests to keep them safe.

Staff understood the importance of seeking people's consent and ensuring their choices and decisions were respected. We observed staff seeking people's consent before supporting them during our inspection visit.

People told us the food was good and they always had a choice. One person commented, "I like the food here. We had lunch out so I think I'll just have sandwiches for tea." Where people were at risk of dehydration or malnutrition, staff ensured they were supported according to plans drawn up by healthcare professionals. One health professional told us staff always followed plans in place to ensure people ate and drank safely.

Records showed people were supported to access medical professionals if they needed staff to help them with this. People were supported with day to day ongoing health appointments, as well as when their health

fluctuated or deteriorated suddenly.



## Is the service caring?

### Our findings

At this inspection, we found people were as happy living at the home as they had been during our previous inspection, because they felt staff cared about them. The rating continues to be Good.

People told us staff continued to be considerate, kind and caring, and that the home offered them a 'homely' family-type atmosphere. One person said, "Yeah, they [staff] are very caring. We have some fun, we laugh and joke." Relatives also spoke positively about the caring attitude of management and staff, as well as the atmosphere in the home. One relative said, "They care, they have time, that's the difference. We are always made to feel very welcome whenever we visit." People were supported by staff to maintain contact with family and friends, for example if relatives were unwell or unable to visit people at Laurel End. This meant people were supported to maintain relationships that were important to them.

There was a calm and relaxed atmosphere in the home. Staff spoke to and about people in a caring and respectful manner, and people responded positively when staff interacted with them. We asked care staff what delivering a 'caring' service meant to them. One staff member responded, "We've always got time for people, and so the care is great. We try to make the day a bit special. That's why I came into care; it's about giving something back."

People were supported to be as independent as possible, by encouraging them to be involved in the day to day running of the home. Care plans included personalised information for staff on how they could help people achieve things for themselves, and plans were in place to help people achieve their aims. Staff understood how important it was to help people be as independent as possible, and used these opportunities to promote people's self-esteem. For example, we observed one person chose to fold laundry once it had been washed. One staff member noticed the person doing this and commented, "Oh, thanks [name], that's a really big help that is."

We observed staff ensured people's privacy and dignity was respected, by taking people to private areas of the home if they needed help with personal care for example. We observed one staff member notice that a person's cardigan had ridden up slightly while they were sat in a communal area. The staff member adjusted the person's cardigan discretely, to ensure they were covered.

## Is the service responsive?

### Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to any changes in their needs. The provider continued to operate an open, honest culture, and people had the opportunity to maintain any hobbies, interests or activities they wanted to. The registered manager had innovative plans in place to set and monitor outcomes people wanted to achieve but these were not yet in place. The rating is Good.

One person told us how staff had responded to their needs and helped them to progress beyond their expectations. They said, "I do ever so well here. The staff help me if I need them to. I have a special bed and a bath. It is really good." People's care plans were personalised to their needs, and showed an appreciation of people as individuals. Staff's in-depth understanding of people's personalities and motivations enabled them to support people in a way they preferred. Care records, risk assessments and staff knowledge about people's care needs was consistent. Care plans contained personalised information to help staff respond to people's needs as effectively as possible. People told us they knew about their care plans, and were involved in ensuring they remained accurate. Relatives told us they were also involved in care planning where appropriate..

One health professional told us the provider was very pro-active and flexible so that people's needs were responded to quickly and effectively and they achieved excellent results for people. They commented, "This is a really, really good service. They are especially good at supporting people as they get older. These things are very complex but the support they give is absolutely brilliant."

Another health professional told us how the provider had worked pro-actively to support someone to access an area in the grounds of the home, as it had been identified this would enhance the person's well-being. They told us the provider identified adaptations were needed so the person could access this area safely, and had acted very quickly on the recommendations the health professional had made. They explained, "It was really impressive because we [health professional and provider] met and looked at what was needed. I went back very soon afterwards and all the changes had been implemented." Talking about another person the provider had contacted them about, the health professional commented, "They [provider] are very pro-active if there are any queries or support needed. We [health service] are contacted as soon as anything is required."

Staff were extremely quick to respond when people needed extra support, or when their needs changed. For example, one person's mobility had deteriorated which made it more difficult for them to retain their independence and for staff to respond to their needs. Records showed this had been identified and acted on quickly, and that the provider had secured equipment for the person so their needs could be met. Relatives expressed a high level of satisfaction with the way staff responded to changes in people's needs. One commented, "[Name's] needs are changing and getting more difficult. The staff are very patient. They say, 'if it takes an hour to help [name] eat then so be it.' They move along with [name's] needs as they change."

The registered manager had sought feedback from staff about how they could manage their time to ensure

people were engaged in activities and interests of their choice. As a result, staff were encouraged to use their time to enhance people's well-being, and were supported to spend quality time with people rather than focus on 'tasks' to be completed. Staff had time to develop their relationships with people so they had an excellent understanding of people's enthusiasms and interests and what support they needed to develop and follow them. We saw people coming and going as they pleased and engaging in activities that were meaningful to them and beneficial to their well-being. The provider had recently employed an activities worker to work across the provider's services, to allow for tailored, personalised opportunities for people to engage in activities of their choice. The activities worker was also available to 'befriend' people where this was needed.

For example, care records showed people were supported to set and monitor outcomes they wanted to achieve to enhance their well-being. One person had agreed with staff they wanted to try new activities inside and outside the home to reduce the risk of them becoming socially isolated. Staff tried a variety of activities with the person, and recorded their reaction to them and agreed with the person how these would be progressed when their care plan was next reviewed.

The chief executive told us how they planned to introduce innovative ways to set and monitor outcomes people wanted to achieve. They planned to use pictures, symbols or recording media, depending on what the person best responded to, to assist people's understanding. They told us this would ensure people were fully involved in identifying their goals and how they wanted to achieve them. They were confident this would make the service more responsive to individual needs and give people a sense of significant achievement as they journeyed towards their goals.

The provider had engaged with local education providers, and had recently made use of the time and resources of a volunteer. The volunteer explained they had been able to engage people in activities, particularly at weekends. They told us, "I think Laurel End is a lovely place, very home orientated."

The provider had continued to develop and expand links with their local community. For example, the provider linked with local primary schools, and some people had the opportunity to visit schools and be part of community events. The provider had organised a 'community fun day' over the summer, which was held at the home. Records showed people had been involved in planning this event, and one person was supported to run a stall on the day. The provider told us funds raised were used to improve outcomes for people, such as the purchase of specialised equipment, and funding holidays that otherwise people could not afford.

People and relatives told us they had not needed to complain, but knew how to do so, and were certain they would be taken seriously. There was an accessible complaints procedure which advised people and visitors how they could make a complaint and how this would be managed. Each person had a copy of the complaints procedure in their care plan. No complaints had been made over the past 12 months.

# Is the service well-led?

## Our findings

At this inspection, we found the staff were well-led and the home was managed effectively. The rating continues to be Good.

Relatives were happy with the quality of the service. One relative told us, "Overall, we could not have a better place for [relative's name] to be." Another relative said the support provided in the home was, "Nothing but excellent."

People and relatives spoke highly of the registered manager, and told us the home was well managed. One person explained, "The manager is fine, talks to you about anything." A relative commented, "I can't fault the management at all. They are really on the ball."

Staff told us they felt well supported by the registered manager, and that the home was managed and led effectively. One staff member told us, "The support from the manager is absolutely brilliant. [Registered manager] listens and if you have a genuine concern they will address it."

Staff told us they were supported through regular team meetings, which gave them the opportunity to share their views, hear about progress made on any issues raised, and for the registered manager to share important information.

There was a programme of audits and checks such as fire safety, care plans, medicines, health and safety, infection control and equipment checks. Records showed these were undertaken by both the registered manager and the provider. There was an action plan in place to ensure any issues identified through the checks were acted upon.

The chief executive told us about their plans to improve the service provided. For example, they were developing new ways to get feedback from people, relatives and staff. They had noted low response rates to questionnaires in the past. To address this, they intended to introduce more informal ways for people to give feedback such as 'coffee mornings' and themed discussions at the regular meetings the provider arranged for relatives. The chief executive told us they would use the information from this to establish what was important for people, relatives and staff so they could develop their audit systems. They hoped this would help them develop statements on the impact the care provided had on people, which could be measured by regular checking of the service.

The provider had notified us of events that occurred at the home as required, and had also liaised with commissioners to ensure they shared important information in order to better support people.