Victorguard Care plc

Laurel Bank Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 15 November 2018 and was unannounced.

Laurel Bank is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate up to 63 older people including people living with dementia in one purpose-built building. Accommodation is provided over three floors. At the time of inspection there were 45 people living at the home.

At the last inspection April 2018, the home was rated as requires improvement. Prior to this inspection in October 2017 the service was rated as inadequate. Following this inspection, the service is still rated requires improvement due to concerns around medication, staffing levels and lack of robust quality audits.

There was a registered manager 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.

Staff were being recruited safely and there were enough staff to take care of people and to keep the home clean. However, there had been some recent issues in relation to staffing levels.

Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service and their relatives told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were not all up to date. This meant care plans did not always detail what care and support people wanted and needed.

Risk assessments were in place and showed what action had been taken to mitigate any risks which had been identified. People felt safe at the home and appropriate referrals were being made to the safeguarding team when this had been necessary.

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's healthcare needs were being met and medicines were being stored and managed safely. However, there were concerns around the storage of topical medicines.

Staff knew about people's dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people in between meals.

Activities were on offer to keep people occupied both on a group and individual basis. Visitors were made to feel welcome and could have a meal at the home if they wished.

The complaints procedure was displayed. Records showed complaints received had been dealt with appropriately.

Everyone spoke highly of the manager who said they were approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified they took action to make improvements.

We found the provider's quality monitoring systems were not always working as well as they should be. Some of the concerns we found at our inspection should have been identified through a robust system of checks.

We found all the fundamental standards were being met. 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?

Requires Improvement

The service was not always safe.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Medicines were managed safely and kept under review. However, topical creams were not always stored safely.

There were enough staff available to meet people's needs. However, there were occasions when numbers had been lower than the required levels.

Is the service effective?

Good

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

People were supported to access health care services to meet their individual needs.

The legal requirements relating to Deprivation of Liberty Safeguards (DoLS) were being met.

Is the service caring?

Good

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Is the service responsive?

Good

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

There were activities on offer to keep people occupied.

A complaints procedure was in place and people told us they felt able to raise any concerns.

Is the service well-led?

Requires Improvement

The service was not always well-led.

A registered manager was in place who provided effective leadership and management of the home.

People were very complimentary about the service and everyone we spoke with said they would recommend it.

Improvements were needed to the processes for checking the quality and safety of the services provided.

Laurel Bank Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 15 November 2018 and was carried out by three adult social care inspectors and two experts by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspection was unannounced.

The inspection was prompted by concerns raised by whistle blowers which indicated potential risk around the management of medicines, documentation and staffing levels in the service. At this inspection we examined those risks.

Before the inspection we reviewed the information, we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had not completed a Provider Information Return (PIR) as this inspection was prompted due to concerns raised. The PIR is a document we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care in the lounges and dining rooms. We looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included four people's care records, four staff recruitment files and records relating to the management of the service.

We spoke with 19 people who used the service, 10 relative, 8 care workers, the chef, the activities co-coordinator, the housekeeper and the registered manager.

Requires Improvement

Is the service safe?

Our findings

At our last inspection this domain was rated good. While we saw examples of safe practices during this inspection, we didn't see sufficiently strong evidence to demonstrate the provider had consistently ensured they continued to meet the distinctive characteristics.

Individual risk assessments were contained within the care records to mitigate risk to people's safety for example, assessments to manage risks of falling including the use of equipment such as bed rails to prevent falls from bed. Risk assessments to prevent people developing pressure sores and risks associated with nutrition and hydration were also in place and evaluated monthly. However, we found the assessment for one person did not reflect the care plan we saw. The risk assessment said the person did not require a 'modified diet'. However, the care plan stated the person required a pureed diet. We saw the person being assisted at lunch time with soup which was consistent with the care plan for nutrition.

Another person who displayed behaviours that challenged, did not have a specific plan in place to inform staff how to support that person when their behaviours changed.

We saw there was a fire risk assessment and people had an emergency evacuation plan (PEEPS) in place in the fire safety file. However, the PEEPs were not specific to each person and did not give staff and emergency services all the information they would need if the building had to be evacuated. For example, one person's PEEP said they were blind and could follow instruction on how to leave the building. It did not give information on the support required. This was discussed with the registered manager who agreed to review all the PEEPs documents.

We saw the fire alarm was tested weekly and fire drills were held. Staff could tell us what they needed to do if the fire alarms sounded.

People were kept safe from abuse and improper treatment. People who used the service told us, "I must say - the staff do all that they can to keep me safe," "Oh yes - I am so grateful to be feeling safe". "I feel safe because staff here are lovely. Always someone around." "Yes, I feel safe here. Get plenty of help if I need it. I couldn't manage at home any longer, staff are all nice."

Relative's told us, "Safety comes first here - as a family we so appreciate that." "The staff go to great lengths to help [relative] keep safe." "Isn't it funny - I never even give [person] safety a thought - we have every confidence in the staff here." "My relative is safe here because there's always someone around."

Staff had completed safeguarding training and said they would not hesitate to report concerns to a senior member of staff, the registered manager or the safeguarding team. The registered manager had made appropriate referrals to the safeguarding team when this had been needed. This meant staff understood and followed the correct processes to keep people safe.

Staff were observant of people's safety in the daily routine of the home. For example, we heard staff reassure

people to move at their own pace and take their time to move around safely.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at four staff recruitment records and saw, for example, they obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

There were enough staff on duty to care for people safely and keep the home clean. People who used the service and relatives told us, "Sometimes the staff get busy - but I suppose that the nature of this work," "There are times when staff don't turn up - it's not right - but they muddle through." "They are short staffed, day staff are really good, can't knock them but could do with more staff in the afternoons." "Not enough staff. They are all over worked." "I never think about staffing levels"

Staff we spoke with told us that on occasions they worked with less than the rostered levels. This was due to staff sickness. Staff told us that when the staffing levels were correct they could give good quality care to people, spending time with them and ensuring their needs were met. On other occasions quality time with people was more restricted.

We looked at past staff rotas which confirmed this. We discussed this with the registered manager who told us they had recruited care staff. They showed us the next rota which ensured staffing levels were correct, with additional staff to enable cover if required. We saw there was a good staff presence around the home and people's requests for assistance were responded to in a timely way. The care team were supported by a housekeeper, chefs and an activities co-ordinator.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked trolleys, cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered. Some people were prescribed medicines, which had to be taken at a particular time in relation to food. We saw there were suitable arrangements in place to make this happen. One person told us, "I get my medication just when I need it."

People had separate MARs in place for certain topical medications such as creams. The MARs included a body map of where the cream should be applied. However, this was not always completed. The MARs were kept separately and were completed by staff when a cream was administered. These MAR's were inconsistently completed. We discussed this with the registered manager who demonstrated they had already highlighted this as an issue. Actions were in place such as discussions at staff meetings and individual supervisions to address the issue.

We found ointments and creams were not always stored safely. For example, two people's creams were stored in the person's en-suite and a third person's creams were on the bedside cabinet in their bedroom. This meant people living with dementia could access the creams unsupervised and could be at risk if they used them for any other purpose than what they were prescribed. We discussed this with the registered manager who said they would review this.

Accidents and incidents were recorded and analysed to see if any themes or trends could be identified. Records showed what action had been taken following any accident or incident to reduce or eliminate the likelihood of it happening again.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, electrical and gas systems.

We saw staff had access to personal protective equipment, such as gloves and aprons and were using these appropriately. People we spoke with spoke highly of the cleanliness of the property. Comments included, "Building is always clean." "It is clean. Suits my needs" and "Laurel (bank) is alright, nice and clean."

However, some relatives spoken with did not feel that all areas of the home were clean and well presented. Some commented on malodours and a general lack of cleanliness. Some bedroom floor coverings were seen to be worn, stained and dirty. Several over bed tables in people's rooms were unclean - with areas of dried food debris around the wooden up stand edges. We discussed this with the registered manager who informed us they would check the cleaning schedules and ensure all the deep cleaning was taking place. The registered manager informed us, they had already identified this and deep cleans had taken place for the carpets. The provider informed us they had plans to replace some of the carpets in the communal areas.

The service had been awarded a five-star rating for food hygiene by the Foods Standards Agency. This is the highest award that can be made and demonstrated food was prepared and stored hygienically.

Good

Is the service effective?

Our findings

The registered manager completed needs assessments before people moved into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed.

People's healthcare needs were assessed and plans of care put in place to meet their needs. Care plans were reviewed by staff to ensure they remained appropriate to people's needs. Care records showed people had access to a range of health and social care professionals such as GPs, district nurses, dieticians, opticians and dentists. People told us staff supported them well with their healthcare needs. Where required, we saw appropriate equipment such as hoists and bed sensors were in use. We saw people had been assessed for equipment appropriately.

Some people had support from the mental health team. In one person's review the community mental health nurse wrote, "Despite [person's] presentation the care staff continue to, meet their needs effectively with perseverance and commitment."

The registered manager told us new staff completed induction training and were enrolled on the Care Certificate. The Care Certificate is a set of standards designed to equip social care and health workers with the knowledge and skills they need to provide safe, compassionate care. Staff also shadowed experienced staff until they were deemed competent to work with independently with people.

Staff were well trained and supported to carry out their roles effectively. The registered manager confirmed that training was either classroom based, E-learning or distant learning depending on the course.

The staff told us they received the training and supervision needed to carry out their roles effectively and felt well supported by the registered manager. One person said, "We are reminded when our training is due and can also make suggestions." One staff informed us of additional training they had attended such as management of violence and de-escalation. Another staff told us, "I have had access to a more in-depth training in dementia Care."

We saw individual staff training and personal development needs were identified and discussed during their formal one to one supervision meetings with the registered manager. The registered manager told us they tried to ensure staff received formal supervision on a regular basis. They also confirmed the service operated an open-door policy so that staff could speak with them or any member of the senior staff team if they had any concerns.

People's nutrition and hydration needs were met. People who used the service told us meals were good. Comments included, "Let me tell you - I have put weight on since I have been here." "The staff know what I like to eat." "The food is good - and you always get a choice." One relative told us, "I regularly have a meal here - the food is very good and there is always a good choice."

We spent time observing lunch on all the units, the experience differed on each unit. People received the support they needed, and everyone received their meal in a timely way. However, on Elizabeth unit we did not see people were offered a choice of meal. People living with dementia may not be able to remember the meal they had chosen the day before so a visual choice of meal (when served) may give them an informed choice. We were shown pictures taken of meals prepared but these were not available to people living with dementia. We discussed this with the registered manager who informed us people are asked in a morning what they would like to eat, and staff use the picture cards with people at this point. They acknowledged that people may change their mind by lunch time so would review this.

The meal was delivered to the dining area via a heated trolley, however, the meal was already plated. This meant people were all served the same size meal even though some people may have preferred a small portion. We did not see anyone being offered second helpings even though some of the gentlemen had eaten all their meal and may have had more if offered. Tables were not set for the meal and they did not have condiments of serviettes for people to use. Red crockery was used which stood out against the plastic tables clothes which had bold prints of beach huts. We discussed this with the registered manager who told us they would review the lunch time experience.

We spoke with the chef who explained they were given information about people's dietary needs and preferences. At the time of our inspection they were providing fortified diets for some people who had been assessed as being nutritionally at risk. The chef also knew people who had specific dietary needs such as diabetic and food allergies.

People who had been assessed as being nutritionally at risk were being weighed regularly. Records were also being maintained of what they were eating and drinking. We found these records were well completed and showed people were being offered high calorie snacks and drinks in line with their care plans.

Staff were using 'best practice' guidance to calculate how much fluid some people should be drinking daily, to ensure they were kept well hydrated. The records showed people were meeting or exceeding their individual targets.

The accommodation had been purposely built/adapted to meet the needs of people who used the service. The accommodation was spacious with wide corridors and doorways to facilitate easy access for wheel chair users. The living and dining rooms were on the ground floor with bedrooms on the first and second floors. Toilets and bathrooms were easily identified, and people's bedroom doors had a number, their name and a picture which was relevant to the. For example, one person had particularly like shopping in one chain store and this was the picture on their door. The registered manager users The Kings Fund, "Is Your Care Home Dementia Friendly?" assessment tool to make sure the environment was the best it could be for people living with dementia.

We spent time on Elizabeth unit (dementia care) and found the environment was dementia friendly. One corridor had wallpaper which looked like a field of daffodils which was bright and colourful. Bedroom doors had memory boxes which contained pictures of loved ones and things the person living with dementia could relate to. Corridors were well lit and had a visible hand rail for people to hold onto as they moved around the home. Toilet and bathroom door were painted a different colour to bedroom door making them stand out. Signage on doors was good however, more thought could be given to the dining area.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The service was acting within the Mental Capacity Act. People's capacity to consent to their care and support arrangements was assessed.

Where people lacked capacity and it had been assessed that the accumulation of restrictions amounted to a deprivation of liberty, appropriate DoLS applications had been made. There were ten authorised DoLS in place. Several applications were awaiting assessment by the local authority.

People were asked consent before care and support was provided. Where people lacked capacity best interest decisions had been made involving families and healthcare professionals. For example, the best interest process had been followed for one person who was being supported to take their medicines covertly (hidden).

The manager had oversight of which people who used the service had Lasting Power of Attorney (LPA) in place. A LPA is a legal document that allows someone to make decisions for you, or act on your behalf, if you're no longer able to or if you no longer want to make your own decisions. LPA's can be put in place for property and financial affairs or health and welfare. This showed us the manager understood their responsibilities to act within the legislation.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and caring. People who lived at the home told us, "I am so well looked after here." "I cannot think of a fault with the care here," "The staff are kindness itself," "The staff cannot do enough for you" and "The staff support me in all respects - and just the way I like."

Comments from relative included, "Although [person] has no communication - there is a smile on [persons] face when the staff come to care for them." "Good atmosphere here. This morning, when I arrived my relative was sat with four people like him. All happy, sat together, made me feel quite emotional." "The staff have got to know [person] so quickly."

The registered manager told us people's relatives and friends could visit without any restrictions and our observations confirmed this. We saw visitors could spend time in people's rooms or in the comfortable lounge or dining room. The relatives we spoke with told us they were always made to feel welcome when they visited the home and offered a drink and light refreshments. Comments included, "The managers have made sure that that staff meet our needs as a whole family." "Always make me welcome, offer me a drink, visit any time of day. I live local and visit every day."

We found that staff spoke to people with understanding, warmth and respect, and considered people's privacy and dignity. We saw staff knocking on a people's bedroom doors before entering. This showed staff respected people's privacy. One member of staff we spoke with gave examples of how they would prepare someone to be transferred using a hoist. They said, "I would always use a blanket to cover the lady's knees when transferring her to ensure we carried out the task in a dignified way." We saw the staff member doing exactly what she had described when transferring the person before lunch.

Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. We saw that people enjoyed this interaction through the smiles and banter they shared with staff. We saw that support was offered to people discreetly. For example, one person was sat quietly in a lounge chair. Staff encourage them to get up and walk with them so that they could assist them with personal care. A staff member lent into the ear of one person to ask if they needed to use the bathroom before lunch. They did this in a way that was respectful and discreet.

We observed staff being compassionate towards a person who became distressed. They took time to reassure the person and did not leave them until they became calm. Staff consulted people about their choice of music with one person immediately joining in with the song as it played.

The registered manager told us they involved people in any reviews and decisions about their care and support. If a person did not have access to family or friends that could support them, the service would arrange for an advocacy service to offer independent advice, support and guidance.

We saw the service had policies and procedures in relation to protecting people's confidential information

which showed they placed importance on ensuring people's rights, privacy and dignity were respected. We saw staff had received information about handling confidential information and on keeping people's personal information safe. All confidential records and reports relating to people's care and support and the management of the service were securely stored to ensure confidentiality was maintained and the computers in use were password protected.

We looked at whether the service complied with the Equality Act 2010 and in particular how the service ensured people were not treated unfairly because of any characteristics that are protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff, people and relatives showed us the service was pro-active in promoting people's rights.

Good

Is the service responsive?

Our findings

We saw people's needs were assessed and this information was used to develop plans of care. The care plans addressed all aspects of daily living such as personal hygiene, eating and drinking, continence, sleep, skin integrity and moving and handling. Care records were detailed and reflected people's individual care and support needs as well as personal preferences, likes and dislikes. We saw people's care and support needs were regularly updated and reviewed. Relatives told us they were involved in review's, one relative told us, "My relative has a Care Plan, staff speak to us about it. Another relative told us, "Care Plans, have regular reviews. I ask all the time." This ensured responsive care.

Where people had a do not resuscitate (DNAR) instruction in place, we saw this was located at the front of peoples care files. This ensured the document was easily located in the event of a sudden deterioration in a person's health.

People said care needs were met by the service. People looked clean and well-dressed indicating their personal care needs were met by the service.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed monthly and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw some people had specialist pressure relieving equipment in place to reduce the risks of them developing pressure sores.

Care records demonstrated the service was in contact with people's relatives informing them of any changes in their relative's health and involving them in any decision making.

The registered manager confirmed that a recent review of the care planning system had identified that improvements could be made to the format and therefore they were in the process of implementing new documentation. We looked at the revised care plan and found it was better organised and provided more person-centred information. The work the manager had already completed gave us confidence the rest of the plans will be updated.

People said that the co-ordinator planned activities such as; board games/jigsaws/various entertainers and parties. One person told us, "I like to join in the activities. Some good singers come here, I like to join in. It's junior ballet today, I'm looking forward to that." People were seen and heard planning the day's activities, two people had requested some 'one to one' time the previous day this was seen to take place. One person said they very much, "Appreciated spending time with the staff" as they could chat about, "The old days".

The activity co-ordinator held regular meetings with residents to discuss their needs and preferences. There was a good example of how the activity worker had responded to someone who had recent lost their relative. She explained that this person would normally join in many of the activities. Following the death of their relative they were reluctant, so she used a one-to-one format for a few weeks to slowly reintegrate the

person into the wider activities.

People were seen to be laughing and enjoying a visiting group displaying 'baby ballet' several relatives and friends joined this event, thus helping to reinforce a positive community in the home.

We saw people's personal care records included end of life plans, However, one plan just contained the name of the funeral director to be used and the type of service required, and the second persons plan did not have any detail completed. Although this may be a difficult topic to discuss with people and their loved ones it is important for staff to understand the persons preferred wishes which may include their religious needs and things that were important to them. We discussed this with the registered manager who informed us this is something they are aware of and are currently working with the local hospice to deliver additional training to staff. This will enable staff to discuss this topic in a less formal way to ensure they capture people's wishes.

We saw the provider had a complaints procedure in place which highlighted how people could make a formal complaint and timescales within which it would be resolved. The procedure was on display in the service where everyone was able to access it. The registered manager was able to explain the procedure to ensure any complaints or concerns raised would be taken seriously and acted on to ensure people were listened to. There had been four complaints raised this year which were all addressed.

The service had received several compliments from families and people who use the service, for example, "Family feel [name] was well cared for and they were always made welcomed. Thanks to you and all your staff." "The care I get is excellent. Couldn't be more satisfied. I will always recommend this home." "My relative [name] are so pleased with the home it has made a difference to them."

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. We saw people's communication needs were assessed and support plans put in place to help staff meet their needs.

Requires Improvement

Is the service well-led?

Our findings

Systems had not always been operating effectively and had failed to identify and address some of the issues we found at inspection. For example, the audit system had failed to identify issues such as; concerns around PEEP's and concerns around the storage of creams.

We concluded the service was still being well managed and that significant improvements had been made to the governance and audit systems. However, whilst it was clear the service was on a journey of improvement, and new systems were in place they had not identified the areas we found for improvement at inspection.

There was a manager in post who provided leadership and support. They were supported by team leaders and senior care staff. People who used the service and relatives told us the management team were well thought of and said they were approachable and empathetic.

Staff we spoke with were positive about their role and the management team. Staff said the registered manager was very approachable and always put the needs of the people who used the service first. Staff we spoke with said, "We all work well as a team complement each other." They went on to say, "Things have really changed for the good." One staff member said, "The management team are more approachable than anywhere I have worked before."

We found the management team open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care and achieving positive outcomes for people living at the service.

Staff morale was good, and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service. It was evident that the culture within the service was open and positive and that people who used the service came first.

Audits and checks were undertaken monthly by the registered manager this included audits of care plans, health and safety checks and medicines documentation. There was a clear system of audit tracking. Audits gave clear actions for staff to take and where improvements were identified. There were evidence discussions took place with staff and if necessary additional training or support was provided. Staff told us they received feedback from audits and were continuously improving their records and practice. The registered manager had regular meetings with the provider to discuss, monitor and analyse any health and safety matters, incidents, safeguarding and risk assessments.

Monthly service user meetings were held as an opportunity to provide feedback about the service at Laurel Bank and ask for things to be changed/done differently. We saw from the minutes of these meetings that people were asked their views regarding various matters. These included what they thought of the home environment, if they wanted anything done differently or additional activities. We saw responses were, "Staff are friendly," and "Happy living here."

Staff met with the registered manager and senior care assistant more frequently on a one-to-one basis to discuss any concerns or receive any updates. Staff told us regular team meeting were used which were an opportunity to discuss any concerns, offer support to staff and drive improvement of the home. We looked at the minutes of a team meeting which took place in October 2018. High on the agenda was a discussion about Health and Safety issue surrounding infection control, medication, safeguarding, food and fluids intake. One staff member told us, "The manager listens and acts on any issues required. We are a good team." Another staff member said, "The manager takes on board what we say."

We saw evidence the service worked effectively with other organisations to ensure co-ordinated care. The registered manager informed us they work in partnership with Bradford contracts team and the NHS. The registered manager and staff work in partnership with other agencies such as district nurses, GP's and social workers to ensure the best outcomes for people. This provided the manager with a wide network of people they could contact for advice.

People's views about the service were sought and acted upon. The service sent annual surveys to people who use the service, family and friends. This information was collated, and outcomes were fed back to people in a residents and relatives meetings.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation. It is also a requirement that the provider displays the quality rating certificate for the service in the home, we found the service had also met this requirement.