

# Aegis Residential Care Homes Limited

## The Laurels Care Home

### Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on the 15 December 2014 and was unannounced.

The home has a registered manager. 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 and associated Regulations about how the service is run.

The Laurels is a care home close to Congleton town centre. Originally a private house it has been renovated

and extended to provide care to older people. It has 32 single bedrooms and two shared rooms. It is a two-storey building and people live on both floors. Access between floors is via two passenger lifts or the stairs. The home had 32 people living there at the time of our inspection.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty (DoLS) to report on what we find.

We found the home needed further development in training their staff and in their understanding of how to support people when they lacked capacity, including the

# Summary of findings

implementation of DN CPR (do not attempt resuscitation orders.) Records lacked evidence that people living at the home or their representatives had signed to agree with the orders in place which had been signed by the GP.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People living at the home, relatives and staff were positive about the services provided at The Laurels. We observed how staff spoke and interacted with people living at the home and found that they were respectful, kind and patient offering various choices throughout the day. The dining area offered a pleasant relaxed dining experience and staff served a choice of meals.

The majority of staff had a good understanding of the need to ensure people were supported to stay safe. They understood their safeguarding procedures and told us they would not hesitate to report any type of allegation.

Everyone was happy with the staffing levels although some relatives and people living at the home told us they were unsure how many staff they should expect to see on duty each day.

Medications were organised and regularly audited and checked to ensure safe practices were provided with the management of medications.

We found care plans to be up to date and covered lots of different topics. They had been regularly reviewed and

checked by senior staff to ensure records were appropriately kept up to date. They contained guidance to enable staff to know how to support each person's needs. Staff had a good understanding and knowledge of the people they supported.

People living at The Laurels were confident that they could raise their opinions and discuss any issues with staff. The service had a complaints procedure and most complaints that had been made were recorded with actions taken and managed in accordance with the registered provider's procedures.

The home operated safe recruitment processes and ensured that staff employed were suitable to work with people living at The Laurels. Personnel files showed good evidence that recruitment procedures were robust to enable the management of the home to have adequate information before employing staff.

Most of the staff had received formal supervision and various training to assist them in their job roles and in their personal development. Training records and appraisals for staff needed updating to improve the accuracy of records to show what training staff had received and when staff were due refresher training.

Various audits at The Laurels were carried out on a regular basis by the manager and registered provider to help ensure that appropriate standards were maintained throughout the home. The majority of people we spoke with who lived at the home, relatives and staff were positive about the service and how it was managed.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service is safe.

There were no complaints or concerns raised about staffing levels.

Care plans contained a variety of risk assessments so that risks to people were managed and risks reduced.

The majority of staff were clear about the process to follow if they had any concerns in relation to managing safeguarding and keeping people safe.

A thorough recruitment procedure was in place to ensure appropriate staff were recruited to safely support people.

Medicines were well managed with appropriate policies followed by staff to operate safe support with medications.

Good



### Is the service effective?

The service required improvement.

We found the home needed further development in training their staff, including the Mental Capacity Act to help them to support people with specialised needs and in their understanding of how to support people when they lacked capacity, including the implementation of DNCPR (do not attempt resuscitation orders.)

Most of the staff had been supported by senior staff and received regular formal supervision to assist them in their job roles and in their personal development.

People's nutritional needs were met. The menus offered a variety of choices including specialised diets, personal likes and dislikes. We received mixed opinions about the food and the provider sought regular feedback from people regarding their opinions of the meals served.

People's health needs were managed well by staff.

Requires Improvement



### Is the service caring?

The service was caring.

The majority of people living at the home were happy with the staff supporting them. Visitor's felt their relatives were supported well and cared for to a good standard.

Staff were aware of individual's needs and how they liked to be cared for and were aware of the importance of respecting each person's privacy, dignity and rights.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

Staff were knowledgeable about people's changing needs and responded well in contacting the necessary clinical support when needed.

The majority of complaints made were appropriately managed.

The service provided various activities for people to take part in if they wished.

Good



## Is the service well-led?

The service was well led.

People living at the home, relatives and staff felt the senior staff were approachable and would listen to them.

The manager and the provider had procedures in place to monitor and improve the quality of the home and actions were taken to address any issues that were found.

Good



# The Laurels 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 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 the 15 December 2014 and was unannounced. The service was last inspected 10 October 2013 and was found to be meeting all of the regulations inspected.

The inspection team consisted of two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using a service or caring for someone who uses this type of service. In this case they had experience of services for older people both in the community and within care home settings.

During the visit, we spoke with a variety of people including: 11 people living at the home; three relatives; one visiting professional, seven staff on duty including the deputy manager. We spoke with people throughout the home and observed how support was provided to people during the day.

We used a number of different methods to help us understand the experiences of people who live at The Laurels. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of service users who could not talk with us.

We looked at a sample of documentation in relation to how the home was operating, including records such as; staff recruitment and seven staff files showing supervision, induction and training; medication records; complaints; activities; risk assessments; surveys; minutes of meetings; activities; menus; quality assurance audits and policies and procedures. We looked at a total of seven care plans for people that live at the home.

Before our inspection the service provided us with a provider information return [PIR] which allowed us to prepare for the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We looked at any notifications received and reviewed any other information we held prior to visiting. We also invited the local authority safeguarding, quality assurance and commissioning functions to provide us with any information they held about The Laurels.

# Is the service safe?

## Our findings

Visitors told us that their relatives were safe and well-protected living at The Laurels. People living at the home felt safe and offered various positive comments such as: "Definitely safe", "Absolutely safe", "Yes I'm safe and secure and certainly looked after."

One relative felt reassured that the home supported their relative with specialised equipment to help prevent accidents and risks to them.

We looked at the duty rotas and found that there was a mixture of care staff, domestic, catering and administration staff on duty. People living at the home and visitors were happy with the staff and their conduct and attitudes towards them, they made comments saying: "The staff are honest and trustworthy" and one person said "They all seem to know their job."

They were happy with the staffing levels in place and had no specific concerns about staffing however, some people told us they didn't actually know how many staff were supposed to be on duty.

Most felt there were, "Enough staff". One person added, "Enough, but they are busy." Another person told us, "We could always use more." The response to call bells was described by one person as, "Quite good", another person told us, "It's ok." Two people told us they enjoyed their baths which they had once a week. Both said if they had the choice they'd have baths more frequently. In their opinion they felt, "The staff don't have the time."

There was no evidence that the staffing levels were shared or accessible to people at the home to make them aware of how many staff they could expect to have on duty each day to provide day to day care. The deputy manager advised they would look at developing evidence to show better transparency in regard how staffing levels were calculated and monitored to ensure they met everyone's needs. Staff were happy with the staffing levels available.

The registered provider had an adult protection procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and that people living at the home were protected from possible harm. Training records showed us that staff had received training with regard to safeguarding and staff we spoke with were aware of procedures to follow regarding any

suspicion of abuse or if any mistreatment was suspected. Most of the staff that we met told us they would not hesitate to report any concerns or any signs of abuse. Just one member of staff was unsure of safeguarding procedures and needed support to fully understand the principles of safeguarding, including the need for appropriate safeguarding training. We looked at a sample of recorded incidents that the home had managed and reported to the local authority following their local safeguarding procedures. The records showed appropriate actions taken by the home's staff to protect people and ensure their safety.

Care files generally showed good evidence of a range of risk assessments and tools used to help keep people safe and comfortable. These included individual risk assessments for areas such as moving and handling. Assessments were clear and up to date and minimised the risks to people living at the home. We also noted the manager carried out regular risk assessments for any member of staff who was pregnant to ensure their safety in their working practices. We saw that regular checks were carried out by the provider to help ensure that a safe environment was available to everyone.

We looked at a sample of staff files including a newly recruited member of staff. Personnel files included appropriate checks to show safe recruitment and management of staff. They contained staff references and criminal record checks so that the manager could be assured that newly recruited staff were appropriate to work with people living at The Laurels.

We looked at a sample of medication records, the storage of medicines and checks on the management of medications. Medicines were stored safely and managed appropriately to ensure that people living at The Laurels received their medications in a safe and effective manner. Two relatives felt the home safely managed their family members medications and offered their comments saying:

"The service is safe and staff are very careful about medication" and "The staff go to great lengths to ensure they get it right for people and are especially careful with the medication."

## Is the service safe?

We observed staff safely storing medicines in a locked clinic room and noted the room was kept clean and tidy. Senior staff were knowledgeable in regard to the management of medications and with the home's policies and procedures to help them in good practices in managing medications.

The provider had developed detailed medication audits which regularly checked on all aspects of supporting people living at The Laurels which offered further reassurance of safe practices. We found one medication

record had not been updated with regard to the person's allergies for over a week. Staff advised they had acknowledged the information shared with them and were actually in the process of updating their records. They felt sure that all staff were aware of this update to their allergy. Records for allergies were found to need updating in a timelier manner to ensure all staff were updated and aware of any allergies for the people living at The Laurels.

# Is the service effective?

## Our findings

People living at the home and their relatives told us they were happy with the way their care was delivered and how the staff cared for them. They felt their needs were being met by staff at The Laurels.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty (DoLS) to report on what we find.

The Mental Capacity Act 2005 (MCA) says that before care and treatment is carried out for someone it must be established whether or not they have capacity to consent to that treatment. If not, any care or treatment decisions must be made in a person's best interests.

We looked at policies that were in place for staff to follow in relation to the Mental Capacity Act 2005, the Deprivation of Liberty Safeguards (DoLS) and consent to care and treatment. These policies provided information to support staff about the procedures they should follow when a person was unable to make certain decisions for themselves. Within the care files we noted that mental capacity assessments were recorded on best interest checklists, but we could not find any evidence that staff had received training in MCA. Although the staff we met during our visit had a basic understanding of MCA they had not received any training in this topic.

We noted that 'do not attempt resuscitation orders' (DNCR) were stored in some of the care files for people living at the home. However we found no supporting paperwork, with regard to any 'Best Interest Meeting' and next of kin family involvement. Although the DNCR's were signed by the GP, and a tick on the form indicated the person and family had been involved with this decision, this alone should not absolve staff from seeking the views and opinions of the person the order referred to or their next of kin and / or representatives where relevant. This dialogue should be encouraged and recorded in the best interests of the person. This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

There were a few areas where improvements could be made within each person's care records, most notably, with

'Best Interest Meetings' and recording the involvement of next of kin to contribute to the decisions being made if applicable. In one care file there was occasional reference to family input but this was not evidenced in the care file to show they had been involved with their relative's plans and assessments. It is considered good practice to show clear pathways that can support the decisions made.

People living at the home had mixed comments and opinions about the food, most people told us they enjoyed their meals and had plenty of choices and alternatives were available if requested. People made various positive comments such as: "Good", "Very good", "Excellent", "Wouldn't get better anywhere", "They feed us well."

Less positive comments included: "Ok but could be better", "Too much mash and things I don't like", "It's decent food but not cooked well", "I think they have different cooks, cause some days its ok and other days it's rubbish."

Staff told us they organised regular discussions with people living at the home to gain their thoughts and suggestions about the menus on offer. They had displayed the results of a previous questionnaire in August 2014 about the food and as a result they had changed the menus to meet individual requests and suggestions. The home's staff were fully aware of the mixture of opinions about the food. They told us they were regularly consulting with people and taking on board all comments raised about the meals provided. The catering staff had already identified various special diets for some people and ensured they were catered for at each meal including, diabetic meals; high calorie diets with full fat milk; low fat meals and thickened and pureed meals. Staff demonstrated a good awareness of people's differing dietary needs.

We carried out a Short Observational Framework for Inspection (SOFI) at lunch time and found positive interactions between staff and people living at the home offering a quiet and relaxing dining experience. We observed staff respectfully supporting various people to sit in the dining room for lunch. The staff had organised two lunch settings which helped provide a calm and relaxing atmosphere where staff could support every person with their choices. Staff were very patient and calm in offering various meal choices and condiments with the meal. Where necessary staff checked frequently that people were managing to eat their food and offered appropriate



## Is the service effective?

support when needed. Additional drinks were offered throughout the day and the staff kept a 'soft drinks' machine in the dining room so that anyone could help themselves to a cold drink.

One relative shared their thoughts on how meals were managed: They described mealtimes as, "Fairly quiet, not manic like in some homes."

Care records contained a range of information regarding how staff supported people with their various dietary needs and included risks to individuals in relation to their nutritional needs. We noted that one person had lost weight over recent months and care files showed appropriate evidence of how staff were monitoring and helping them to gain weight. Records showed that staff had made a referral to the SALT (speech and language team) to help them to manage this person's changing needs. Care plans demonstrated that people's weights were monitored on a regular basis. This was done to ensure that people were not losing or gaining weight inappropriately and helped staff to identify when specialist advice and support was needed. .

Staff told us they had received regular training and that they were provided with all the training they needed to help them with supporting people who lived at the home. Staff files stored certificates of training that staff had attended. The files demonstrated that staff had received recent training in areas such as: COSHH awareness, Infection Control, Moving and Handling, First aid and Fire Marshall training. Some of the files were disorganised and difficult to review and would benefit from being audited to show updated records necessary for the support and management of each staff member's training needs.

We reviewed the staff training records and found that staff received various training throughout the year. However the training record was unclear, in that on one training record showed that 'Safeguarding training' was noted as necessary once a year whilst on another it stated training was once every three years. If training was once a year then the majority of staff required updated training in safeguarding as training had expired in November 2013. The training record needed reviewing to show clear guidance with regard to when staff could expect their training and when they could expect refresher training to help keep them up to date with all topics necessary for their job roles.

We noted in some files that the induction checklist although 'checked off' in some cases had not been signed by staff. The majority of staff considered they had received a good induction which met their needs to perform their role. The Deputy advised that this would be reviewed and put in place following our visit.

Staff felt well supported and were very complimentary regarding the support they received from their senior staff and the registered manager. Staff told us they received regular supervision and appraisals. Appraisals and supervision records were kept in a separate folder for each staff member. These records demonstrated that staff received regular and appropriate supervision. Supervisions are regular meetings between an employee and their line manager to support staff development and to discuss any issues that may affect the staff member; this may include a discussion of on-going training needs. All staff should expect to be provided with supervision to help with their development within the home to ensure they provide a consistent level of good quality support to people living at The Laurels.

# Is the service caring?

## Our findings

The majority of comments from both people living at the home and relatives regarding staff were very positive and included: “Kind and caring”, “The care is excellent”, “They’re very good”, “They’re kind to me”, “They’re excellent, very kind”, “I can’t find any fault, the staff are pleasant and kind and caring”, “Feel as though they’re friends I can talk to them”, “They show me respect when they help me in the bath”, “Kind and caring.”

One relative shared with us their comments and thoughts stating: “Staff really care.” As an example she described an occasion when she noticed a member of staff encouraging a lady who had been poorly to eat some food. She said the member of staff was extremely patient and caring and did not try to rush the person they were supporting. The member of staff stayed later after their shift had officially finished helping the person further to have some food rather than stopping to go home.

We also received two negative comments stating: “Most respect my privacy” and “Some are kind and caring but not all. Sometimes some can be abrupt.” Neither person wanted to elaborate or give any further details. The deputy agreed to review people’s opinions to help support people with their experiences and to look into all points of view.

It was evident from speaking to people living at the home and relatives that they were very happy with the standards of care provided.

Throughout the day we observed staff interacting with people in a friendly and respectful manner. We observed staff knocking on people’s bedroom doors before entering. During our visit we observed staff always speaking appropriately to people living at The Laurels offering positive interactions. Respect for personal space was confirmed by people who lived at the home. One person said: “They knock and ask if it’s ok to come in” and another said “If I want to be left alone they respect that.”

In the lounges we noticed staff gently encouraging people to go into the dining room for lunch and also respecting people’s choices in staying in their rooms or where they wanted to sit for their meal. We also noticed staff informing people of the activity arranged for the afternoon and they were respectfully trying to encourage people to get involved in making Christmas Biscuit Houses. Those people that chose to get involved, really enjoyed the group activity and everyone was laughing and chatting to each other and with the staff while they took part.

People told us the home was “Good” and we asked them for examples as to what made it good for them. They responded with various positive examples such as: “I get help when I need it”, “I’ve friends here. There’s always somebody to talk to” and “We get along together.”

Staff were very positive when speaking to us during the inspection and wanted to express their satisfaction with the care provided from the staff team.

# Is the service responsive?

## Our findings

Both people living at the home and relatives were keen to share their positive experiences about this service. They told us there were a lot of different activities on offer. They made various comments about the flexibility and choices offered for care and activities available. Comments included: “Staff try to make sure everyone joins in and no one is left out”, “I like bingo but didn’t like it before I came here”, “At first I didn’t like it here but they’ve encouraged me to get involved with other people and I’ve got friends here now.”

We observed people being asked if they would like to take part in activities in the lounge with arts and crafts and making Christmas gifts. The staff had developed a notice board in the hallways helping to keep everyone up to date with any planned events. The December activities timetable included a party and other festive activities planned for December 2014.

People living at The Laurels and their relatives said there were things people could get involved with such as exercises and quizzes. One person told us how they enjoyed knitting squares and stitched them together for blankets. Another person spoke about the residents’ meetings and they told us, “We can voice our opinions.”

We noted there were photographs on display of people enjoying events at the home regarding a variety of activities organised by the staff.

People living at The Laurels were happy with the staff supporting them and everyone told us the staff were good. Staff were knowledgeable about each person they supported and explained they had got to know each person’s like and dislikes over a period of time.

Everyone had a plan that was personal and individual to them. These plans were used to guide staff on how to involve each person with their care plan and provide the care and support they needed and requested. All of the plans we looked at were well maintained and were regularly reviewed by the staff team and their manager so staff knew what changes, if any, had been made. Only two relatives reported signing a care plan and had been offered the opportunity to attend a meeting to discuss their family members care plan. We noted within the care files that some people had been included in the development of their care file and given the opportunity to sign the plan to

show they agreed with it or had given their family the opportunity to act on their behalf. Yet other plans had no evidence that people had been routinely included in the development and on-going review of their care plan. The deputy advised this was would be reviewed by the staff team to ensure there was evidence in place that people were supported with accessing their care plans.

Staff were quick to access clinical staff including the GP and members of the multi-disciplinary team such as, speech and language therapists, hospital appointments with specialist clinicians and care managers. Records demonstrated that people living at the home were escorted to attend hospital appointments and received visits from visiting professionals which helped them to co-ordinate their care necessary for their health and for any changing health care needs.

A relative described how the staff had responded to her relative’s changing needs. She stated her relative had suffered a number of falls so with the resident and relative’s agreement the night time checks were being increased to hourly to help reduce the identified risks.

Relatives also reported there was good communication between the home and relatives, for example staff contacted relatives to report any changes in people’s health. They also called to let them know if people had suffered falls or if they were calling the GP or nurse for the resident. Relatives confirmed they were informed of any changes to care and asked their views on the care and support that was in place. People living at the home and relatives felt that the service was very good at providing support with their health and in keeping them updated with good communication and contact with the staff team. Notice boards at the home were easily accessible and offered a variety of information to everyone living at the home and everyone visiting. The notices and information displayed helped to keep everyone up to date with the management of The Laurels.

People living at the home were confident and reassured the staff supported them if they ever became unwell and told us: “The staff get the GP if I need him” and “They call the GP or nurse if I need them even in the night.”

The home had a policy and procedure in place in relation to complaints. The procedure informed people of who to contact within the home and the organisation with regards to making a complaint about The Laurels. We noted the

## Is the service responsive?

home had received three complaints for 2014. Most had clear records to show they had been appropriately managed. However the most recent complaint record did not have enough information to show whether they had complied with the provider's own complaints policy, as no written response could be found to show that it had been managed within the 28 days advised within the policy. We noted that the complaints policy incorrectly stated that, "CQC will take over investigation following an attempt by the service to resolve the complaint." This was discussed and pointed out as incorrect in relation to CQC regulatory role. The deputy manager advised this would be removed and that complaints processes would be discussed and updated with the registered manager.

Relatives and people we spoke with during the inspection told us they knew how to complain but had no complaints. They offered various comments saying: There are no problems but if there were I'd tell the staff", "I'd tell the lady in charge", "I'd tell the boss", "and I'd speak to the senior."

One person told us they had previously raised a complaint and they had spoken to senior staff. They were satisfied that they had been listened to and their complaint had been resolved to their satisfaction.

# Is the service well-led?

## Our findings

The majority of people living at the home and visiting relatives and friends knew of the staff team and the manager. People said they would normally be able to speak to the registered manager or the staff team and they were very positive about the management of the home. Overall, staff and the registered manager were held in high regard. They all shared positive comments such as: “Staff have improved. They’re very good and very helpful”, “The manager is a very nice person and easy to talk to”, “Manager is very approachable. She listens and acts on any issues or concerns” and “Good atmosphere and homely.”

People who live at The Laurels told us that they were regularly asked by staff their thoughts on the service they received. We saw evidence that the provider regularly sought feedback from people and their families about the support provided to them. We looked at a sample of minutes of meetings and saw records showing how people were regularly included and encouraged to share their views. Recent questionnaires that had been carried out for August 2014 offered varying comments and opinions about the home. There was evidence of actions taken by the registered manager to act on their comments especially in relation to the food and menus on offer.

All of the staff told us they felt supported and enjoyed their work. They made various positive comments about the management style of the home. They enjoyed working at the home and had no negative comments about the service.

Staff told us staff meetings were held regularly, where they had lots of opportunity to raise questions and speak to senior staff. We looked at a selection of minutes of meetings which had evidence of a wide variety of topics discussed with staff. The minutes showed that the staff were kept up to date with the management of the home.

The registered manager and the provider monitored the quality of the support provided at The Laurels, by completing regular audits which we reviewed during our visit. They covered a variety of topics and areas throughout the home including: Pressure ulcers; people’s weight; bed rails environmental checks including cleaning schedules; fire checks; hand washing audits; first aid checks; medication audits; care plan audits and staff surveys. The registered provider and manager evaluated these audits and created action plans for improvement, when improvements were needed. These audits showed evidence of regular monitoring of the quality of care and support being provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA (RA) Regulations 2014 Need for consent</p> <p>People who use the service were not always provided with suitable arrangements for obtaining their consent in relation to the care and treatment provided to them.</p>