

Birmingham City Council

The Laurels

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 4 May 2016 and was unannounced. During our last inspection, we found that the provider had breached the Health and Social Care Act 2008 in relation to safe care and treatment due to how risks were managed at the home. We found that improvements had been made so that risks were managed more effectively and the provider was meeting this regulatory requirement.

The Laurels is a residential care home that provides emergency care and short term breaks for up to 17 people with a learning disability. At the time of our inspection, there were seven people using the service.

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 manager running at the service at the time of our inspection was not registered, but was the registered manager of another similar home operated by the same provider. The manager was in the process of applying to become registered manager of the home.

We found that people using the service felt safe and that staff were informed of how to recognise and respond to safeguarding concerns. Staff and relatives were comfortable raising concerns with the manager and felt confident that the manager promptly addressed concerns. Our last inspection had identified that the provider was in breach of a regulation relating to safe care and treatment, due to their processes around risk management. We found that the manager had made improvements to the risk management processes and communication at the home and that risks were managed effectively.

Staff were aware of how to respond to emergencies and we found that there were regular health and safety checks in place at the home. The manager had an informal staffing dependency tool in place and we saw that additional staff were brought in to meet people's needs. The manager and staff told us that this system required improvement so that staff were always effectively deployed. Medicines were stored and administered safely at the home and we saw that there was an effective auditing process in place.

Staff had received training and on-going support to enable them to meet people's care and support needs. Staff told us that they felt supported in their roles and a professional told us that staff were very engaged in training sessions and honest about their abilities and understanding.

People were supported to make decisions about their care and day-to-day lives and staff ensured that the legal rights of people were upheld and protected. The manager and staff promoted the importance of people having their voices heard and people were supported to make choices wherever possible.

People enjoyed their meals at the service and staff ensured that people's preferences and nutritional needs in relation to their culture and religion were met. People had good access to healthcare services and staff were proactive in contacting relatives and healthcare professionals if people became unwell or if their needs

changed.

People received support from staff who were caring and positive. Relatives and a professional told us that people were always keen to return to the home. People had the privacy they needed at the home and were encouraged to be independent.

Relatives told us that people received the care they needed and staff knew people's needs and preferences. We found that there were not always enough activities for people to participate in at the home. In addition, people were not supported on a regular basis to become involved in activities or entertainment outside of the home that they found stimulating or enjoyable. People and relatives were involved in developing the care plans that staff updated as people's needs changed.

Relatives told us that the manager and staff responded to complaints and concerns promptly. The manager had recently introduced feedback surveys for people to complete as they came to the end of their stay at the home.

People and relatives told us that they were happy with the way the home was run and that the manager was effective. Staff told us that they felt supported in their roles and we saw that the management team were involved in the day-to-day running of the home.

The provider and manager had systems in place for reviewing the quality of care at the home and took steps to ensure that people's needs were being met. We found that the provider and manager had made improvements to the home in response to our last inspection and to on-going quality monitoring audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People using the service felt safe and staff were aware of safeguarding processes to protect people.

People's risks were managed well by staff.

Staff were not always deployed effectively to meet people's needs and the manager had taken steps to reduce this risk.

Medicines were stored and administered safely and with care.

Good ●

Is the service effective?

The service was effective.

Staff received core training to support them in their roles.

People had choice and freedom to move around the home and staff acted in line with their responsibilities in relation to the Mental Capacity Act (2005).

People enjoyed their meals and were given sufficient food choices.

People had good access to healthcare services.

Good ●

Is the service caring?

The service was caring.

People enjoyed positive interactions from staff.

People had the privacy they needed and were supported to make choices.

People were encouraged to be independent and staff worked around their needs and preferences.

Good ●

Is the service responsive?

The service was responsive to people's needs.

Good ●

People's needs and preferences were met by staff who knew them well.

People were not always involved in a wide range of activities.

The manager responded promptly to people's concerns.

Is the service well-led?

The service was well-led.

The manager was open and transparent in their communication with people.

There were systems in place to monitor the quality of the service and ensure that people's needs were being met.

Good ●

The Laurels

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 4 May 2016 and was unannounced. The inspection was conducted by two inspectors.

When we were planning the inspection we looked at the information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur, including serious injuries to people receiving care and any safeguarding matters. We also used this information to help us to focus our inspection.

During our inspection we spoke with five people who used the service and three relatives. We spoke with four members of staff, the deputy manager, the manager, four professionals and one commissioner. We carried out observations of how people were supported throughout the day to help us understand the experience of people who could not talk to us.

We also looked at two people's care records, two staff files and at records maintained by the home about risk management, staffing, training and the quality of the service.

Is the service safe?

Our findings

During our last inspection, we found that the provider had breached the Health and Social Care Act 2008 in relation to safe care and treatment due to how risks were managed at the home. We found that improvements had been made so that risks were managed more effectively and the provider was meeting this regulatory requirement. There were processes in place to ensure that risks were known by staff and effectively managed. The provider had established a system for reporting incidents and provided the manager with details to follow up when they identified a pattern of risks. The manager told us that they were starting to develop their own way of reviewing trends of incidents.

People using the service told us that they felt safe. Staff had received safeguarding training and could tell us how they would recognise the signs and symptoms of different types of abuse. Staff were aware of the appropriate action to take if they identified any safeguarding concerns. One staff member told us, "It wouldn't become an issue, it would be stopped". There were systems in place to keep people's personal belongings and monies safe. Staff were confident about raising concerns and trusted that the manager would deal with any concerns they raised.

A relative told us that the service had investigated and responded appropriately to events and incidents that had occurred. Staff were aware of the risk assessments in place for people living at the service and we saw that staff took an active role in protecting people from harm. Staff spoke respectfully about people's risks and concerns and completed detailed records of incidents. Staff were aware of people's changing needs and could tell us how they would respond to emergencies appropriately. Risks related to health and safety matters were well managed and ensured that people using the service were protected from avoidable harm. There were regular fire drills for staff and people using the services and staff confidently described action they would take to respond to emergencies that might arise. We saw that risk assessments provided clear direction and detail for staff to manage and anticipate risks, however we identified that some risk assessment records did feature some similar, standardised phrases which were not always centred around the individual. We saw that some risk assessments were not always sufficiently detailed or followed closely. We found that the provider was meeting their requirements to manage risks effectively, however we identified that there were some further improvements to be made.

A relative told us that they felt there were enough staff to be attentive to people. The manager had an informal staffing dependency tool in place and senior staff regularly monitored staffing levels in advance, based on the changing needs of people using the service. The manager and staff told us that they had learned from a recent event that they needed to improve this system to make sure that there were always enough staff available to manage people's behaviours and meet their needs. We saw that additional staff were brought in at short notice depending on the needs of people using the service. However staff were not always deployed effectively throughout the day to engage people in meaningful activities.

The senior staff group at the service was fairly new and the manager had been supported by the provider's safe recruitment processes with steps taken to ensure that staff joining the service had the right mix of skills to support people.

There were systems in place to ensure that medicines were administered safely and we saw that staff sought people's consent as they administered their medicines. We saw that staff had a kind approach towards people and waited with them while they took their medication. Staff clearly recorded when people had taken their medication and we saw that there was guidance available for staff to refer to in relation to the use of medications. The deputy manager completed medication audits to identify any discrepancies and we saw that any queries related to medication management were followed up promptly and resolved with the manager. We saw that medicines were stored safely and medicines records were accurate.

Is the service effective?

Our findings

We saw that people were at ease with the staff who understood each person's preferred method of communicating and making their needs and wishes known. Staff told us that they had received core training for their roles which included training in safeguarding, risk assessments, safe medicines management and moving and handling. One staff member told us that their recent safeguarding training had been useful and an "eye opener". We saw that the manager had requested further First Aid training for additional staff members to ensure that there were suitably skilled staff on duty at all times. The deputy manager told us that they had focussed on and invested a lot of time in the induction process for new staff members and that this had been both challenging and rewarding and had assisted in supporting people who use the service. We saw that specific training had been provided for staff to enable them to meet the changing needs of one person who was using the service. A professional told us that the manager proactively highlighted their need for training and that staff were very engaged in their learning and open and honest about their abilities and understanding.

One staff member told us that staff worked well together. Staff told us that they felt supported in their roles. One staff member told us, "I have fantastic support here". We saw that there were systems in place for staff to share information at the beginning of each shift, however we saw that sometimes staff did not receive a handover at the beginning of their shift due to staff starting times which were staggered at times. Records and minutes from staff meetings showed that they were thorough and informative, although the manager advised that these needed to take place more regularly.

All staff had recently received training in dealing with challenging behaviour and understood the value and importance of reducing stressful issues for some people, to assist them to manage their behaviours. The manager had with staff identified that on occasions the mix of people who were using the service had not been successful. The manager had commenced more specific planning related to when people were admitted for respite care.

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. We saw that mental capacity assessments had been completed for people who were not able to make complex decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The manager was aware of whether people had capacity or not and we saw that everybody's choices were supported and respected. The manager was proactive in ensuring that DoLS applications were submitted as required.

Staff were aware that some people had capacity to make some decisions and we saw through staff interactions that people received appropriate support. We saw that people were free to make their own decisions and to move around the service without restrictions. We saw staff frequently request people's consent within the home and they promoted the need for people to have their voices heard at external meetings and regarding decisions about their care needs.

People enjoyed mealtimes and at lunchtime one person said, "It's lovely". People told us that they were offered a choice of meals and that they sometimes had their favourite food served. The service cook told us that they were involved in checking people's dietary requirements and their preferred foods when people first came to stay at the home. The cook told us that they tried to provide healthy options alongside people's preferred choices of main meals, and to be flexible to what people liked to eat.

We saw that people were offered sufficient portions of food, with healthy options available. We saw that menus were on display and there was a noticeboard showing pictures of the breakfast choices on offer to people. Staff told us that they liked people to have a choice at mealtimes and to have as much food as they wanted whilst being healthy. We saw that people were offered drinks and a snack at mid-morning with some limited options to choose from, yet people were offered a variety of choices at lunchtime. The kitchen was accessible to care staff outside of set mealtimes. People told us there were no kitchen facilities available for them to prepare their own drinks, snacks or meals.

People were able to take their time to choose a seat and enjoy their lunch at their own pace. We saw caring, positive interactions between staff and people using the service. Staff spoke and laughed with people and asked each person for their choices of foods and flavours. We observed that on some occasions, a member of staff would ask for people's dessert choices while they were still eating and that this sometimes disturbed people from their meal.

Staff knew people's preferences and we saw that staff had made arrangements to meet people's nutritional needs in relation to their culture and religion and how food was prepared. Staff were aware of people's risks assessments and supported people to eat their meals independently. Staff were aware of one person who needed to be encouraged to eat enough to remain healthy. We saw this happen at lunchtime when staff kindly told this person, "Try as much as you can".

People had good access to healthcare services. Staff were aware of people's varying health needs and took steps to ensure that people's needs were addressed and monitored. We saw that staff readily sought guidance from healthcare professionals to meet people's complex needs and to support people effectively if they were feeling unwell. The manager encouraged staff to contact healthcare professionals if they were unsure or if a person's needs had changed. Due to the nature of the service in providing respite care, people and their carers organised their own regular health appointments and staff maintained care programmes that were already in place for people coming into the home. We saw that some people's care plans featured guidance from their healthcare professionals and that the manager recorded the contact details of people's healthcare professionals in case of ill health or emergencies.

Is the service caring?

Our findings

People told us that staff were kind and one person told us they "Like it here". We saw that people were happy and comfortable around staff and we saw people laughing and enjoying conversations. We saw caring interactions from staff throughout our visit and we saw that staff spoke to people with respect and were interested in their views. Staff maintained a highly visible presence within the home and we saw staff take the time to talk to people kindly and with affection. One staff member greeted everybody on their arrival to the home and this made some people smile. The staff member then went on to tell them, "You're gorgeous with your big smile". A relative and a professional told us that people staying at the home were always keen to return. The professional told us that one person had never wanted to use a respite service previously, but that the person had enjoyed their time at this home. The professional told us, "Staff were lovely, meals were nice and everyone was friendly and couldn't do enough to provide support, it was a really positive, brilliant experience".

The manager and staff were aware of people's personal histories and preferences. Staff and people using the service were aware of and interested in the artwork of another person who used the service and they offered clear praise to the person. Staff encouraged other people using the service to complete their artwork so that it could be displayed in the home. One staff member told us that they found it important for people to feel at home at the service and that they sympathised with them coming to stay at a new place with new people. Staff told us that they helped new people at the home to feel welcome by contacting key people in advance of their visit to find out the person's likes and needs. Staff were respectful of people's belongings and we saw that they took care to ensure that people's things were packed away in good time so that they could leave the respite service and return home when the period of respite was coming to an end.

The manager and staff we spoke with demonstrated understanding and care towards people using the service if they displayed inappropriate behaviours. We saw that the manager did not have a judgemental approach to one person's behaviour and focused on supporting this person to move towards their long-term goals. The manager emphasised the importance of understanding people's fears and perspectives and to have empathy for people, and we saw that staff shared this understanding. Staff demonstrated a supportive and respectful approach when they referred to supporting some people who demonstrated behaviours that may challenge whilst they were at the home.

Staff we spoke with had an understanding of the importance of people's voices being heard and for them to be involved in decisions. We saw that most staff talked respectfully to people as they provided them with support and all staff involved people in decisions. We observed that staff worked to meet the needs of people using the service. People were supported by staff to be independent and comfortable and they were regularly asked for their choices and preferences.

We saw that staff empowered people in their communication with others. This was put into practice at the home, for example, we saw one member of staff respectfully letting a colleague know that a person using the service was talking to them on an occasion where they had not realised. There was easy read guidance in place throughout the home, including the minutes from resident meetings and pictures to help people

make a choice at breakfast time. People using the service were also supported to use advocates where necessary.

People were free to move around the service at a pace to suit them. We saw one staff member reassure a person using the service, telling them, "You're alright, take your time" as they walked from the lunch table. The manager talked to us about achieving a balance of ensuring that people were safe, while being caring and ensuring that people felt listened to.

People told us they had the privacy they needed. We saw that the staff team communicated respectfully and discretely together about one person's changing care needs and they were mindful of helping this person to feel better throughout the day. Staff respected people's privacy and people were able to have private conversations with staff when they wanted.

Is the service responsive?

Our findings

Relatives told us that staff knew people using the service well and that people received the care they needed. A staff member told us that they knew what people liked and that they tried to be ready to provide this for them. Staff told us about the steps they took to make sure they understood people's needs and preferences when they came to stay at the home. Relatives and a professional told us that people enjoyed staying at the home and that they felt settled there. One professional told us, "The staff and management... have enabled [person's name] further and have really gotten to know their needs and support them very well, both [person's name] and family have provided me with very good feedback from the high care levels they have received".

One relative told us that they had recently been involved in a care plan review with staff and that they were involved in their relative's care. We saw that people's care plans and records were personalised to feature details such as 'my perfect day' and people's preferred routines, likes and dislikes. Managers in the home communicated effectively with staff about people's care needs and we saw that staff were provided with clear instructions to follow if people using the service became unwell. We saw that staff encouraged one another to support people based on their needs, for example we saw one staff member ask their colleague to support a person to their chair safely. We saw that staff moved at a pace that suited people using the service and responded to non-verbal prompts that some people made to indicate what they wanted.

Staff told us that people who had expressed an interest in decorating or helping with work around the home were supported to do so. People told us that they made their own beds at the home and that they were involved in cleaning and tidying their own rooms. Staff encouraged people to be independent and encouraged them to complete daily cleaning tasks where possible. However, one staff member told us that although people were given a choice, sometimes there were not enough staff available to support people to do their own shopping independently. People had been supported to attend religious services of their choosing, however this was not a frequent event in the home. On occasions a small group of people had attended religious services with support from staff.

People using the service spent time together and during the visit we saw that people who had remained in the home all day were involved in activities such as artwork or watching television. A relative told us that they were satisfied that their relative has enough to do at the service. They told us, "They go there to rest, enjoys colouring and sometimes likes to go the shop". We saw that some people went out into the community for college or swimming, and they left and returned as they wished, travelling independently when they could. We saw that where one person had chosen not to go to the day centre, staff respected this decision and the person stayed at the home. During the early part of the evening we saw that most people were together in the lounge area of the home watching television and were at ease with each other as they spent time together.

Staff told us that there were not always enough activities for people to do within the home when people were not engaged in more structured programmes such as attending day centres. We saw that although there were some daily plans of activities displayed in the home, these did not always take place. We saw that

the home had a games room and other leisure facilities including a small lounge on the first floor but we did not see these in use. The small lounge had a television available for use and although there was a collection of old videos there was no video player available to use. One staff member told us that there was not consistently enough activity and stimulation provided for people, and that the range of activities provided was dependent upon which staff members were on duty at the time. They told us that there should be more structured activities and "Something [for people] to look forward to". They told us that they were concerned that people could not go out regularly and records confirmed that people had only limited opportunities to go out from the home during the evenings or at weekends, usually in small groups to shop locally. Another staff member referred to occasions when staff had helped people to become involved in baking cakes which people had enjoyed but advised that this activity did not happen frequently.

We saw through the verbal and written staff handover that staff were made aware of each person's needs, how they were feeling, any activities people were involved in during the day and things to look out for about each person to ensure that they remained happy and well. We saw that staff took steps to deliver person-centred support to people through their attention to the details of people's needs and preferences, including how they liked to take their medication, their preferred flavours, cutlery and seating at mealtimes and reviewing whether their symptoms had settled. Staff also proactively advised people's relatives of any further risks to their mobility, such as inappropriate footwear, to help keep them safe.

Relatives told us that the manager was open to receiving feedback and that they acted quickly to resolve any concerns that arose. We saw that staff responded kindly to one relative's concern by offering reassurance and providing the appropriate information. One relative told us that they could go to staff with any concerns they had and another relative told us that staff were good at keeping in touch with them if they needed to share information. We saw that the provider had their own customer complaints service in place. We saw that complaints had not been recorded and the manager told us that this was because they managed and resolved complaints immediately. The manager told us that they were trying to foster a culture of openness and that they needed to encourage more feedback from people in order to continue improving the home. The manager told us that they intended to develop a log of complaints to demonstrate their actions and to be able to analyse patterns from compliments and complaints that had been received.

Is the service well-led?

Our findings

During our last inspection in May 2015, we found that the provider had breached the Health and Social Care Act 2008 in relation to safe care and treatment. Following our inspection, the manager had sent us an action plan detailing how they would address the concerns we had identified. We saw that the majority of these actions had been taken and that the improvements were apparent in our inspection of the home. An interim manager was running the service at the time of this inspection and they were applying to also become registered manager for this home in addition to another service operated by the same provider.

People told us that they were happy using the service. One relative told us, it's "Excellent... very helpful, they are very good with people". Relatives told us that they felt that the home was well-led and one relative told us that the manager was "Really on the ball". We saw that the manager encouraged openness, honesty and transparency in the home. One staff member told us that they could share concerns with the manager and that the manager would find the answer to something if they didn't know it already. The management team were open and transparent in how they managed any issues affecting people who used the service and they promoted the importance of people's choices and decisions. People were respected by staff and were supported by the home and advocates to communicate their views and move forward from any concerns they had.

We saw that the manager had recently introduced a short break satisfaction survey which they asked people to complete when they left the home. These were available in easy read format. The manager told us that they were mindful that there was a low response rate to the survey and they were keen to engage with carers more constructively. Records showed that resident meetings sometimes took place at the home. The manager told us that they particularly encouraged these meetings for people who stayed at the home for longer time periods. The manager told us that there were plans to develop a carers' meeting to provide them with updates.

We saw that staff were clear about the requirements of their own roles in the service and how they could support people to keep them safe and well. We saw that the manager took responsibility for their team's performance and identified any shortfalls as learning opportunities. They proactively supported staff by being mindful of their perspectives and providing appropriate guidance. The manager told us that they were proud of the friendly atmosphere of the home. Staff told us that they would feel happy for their loved ones to use the service as they would be confident that they would receive good care. One staff member told us, "When you come through the front door, there's a lovely, homely atmosphere".

We saw that the management team were involved in the day-to-day running of the home and had established effective systems to run the home and ensure that people's needs were met. The manager told us that they had recently acquired further training that helped them to lead the service and support staff more effectively. CQC ratings were on display at the home and staff had a good understanding of how the home was performing. The management team promptly notified the Care Quality Commission and other relevant persons of events and incidents where necessary. The manager was aware of their role in relation to the duty of candour and relatives and professionals told us that the manager was open and honest.

The provider had systems in place to review accidents, incidents and other events, as well as ensuring that the home followed safe recruitment practices. We saw that the deputy manager regularly completed medication audits that were clearly outlined and highlighted any discrepancies in the medication records. The provider and deputy manager also conducted quality audits on the service and the manager had completed and reviewed action plans in response to our previous inspection findings. These documents were detailed and identified risks and ways to improve the home, and we saw that the majority of actions had already been completed.

Some parts of the home were in need of redecoration and improvement but there were no plans in place for such changes to take place. We found that the provider had still not arranged for the building to be refurbished. Staff told us that they had hoped for options to make changes to the building as it was not suitable for people using the service.