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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?

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 27 June 2017 and was unannounced. The home was previously inspected in September 2015. It was overall rated good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'The Laurels Care Home' on our website at 'www.cqc.org.uk'.

The service had a registered manager who had been registered with the Care Quality Commission since April 2015. 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 Laurels Care Home is registered to provide residential care for up to 30 people. On the day of our inspection, there were 30 people living at the home.

People we spoke with were positive about their experiences of living at the home and about staff who worked there. They said they felt safe and were "very happy" with staff who were "kind, caring and easy to chat to."

There were systems in place to protect people from abuse and avoidable harm. Staff were knowledgeable about safeguarding and could explain to us the procedures they would follow if any concerns were raised. Risks associated with people's care and support were managed without any undue restrictions, and assessments were completed and reviewed regularly.

Medications were stored and administered safely by staff who had necessary skills and competencies. Medication Administration Records (MAR) were completed clearly and accurately when medicines had been administered, refused or destroyed. There were protocols in place for the use of 'as and when required' (PRN) medicines.

There were enough staff to meet people's needs and keep them safe. Staff told us they received regular training and support and we saw adequate pre-employment checks were carried out before a staff member commenced employment at the home.

The service followed the requirements of the Mental Capacity Act 2005 (MCA) Code of practice and Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to maintain a well-balanced diet and staff were knowledgeable in how to support this. Referrals were made to relevant healthcare professionals, when required, including dietitians, chiropodists and district nurses.

We saw people participated in a range of meaningful daily activities both in and outside of the home that promoted independence and encouraged social interaction.

There was a calm and caring atmosphere in the home throughout the inspection, with people chatting to each other, visitors and staff. Staff spoke with people in a kind and warm manner and people were relaxed in the presence of staff.

The complaints policy was clear and available for people, and contained details of how to raise a complaint. We saw that concerns and complaints were addressed and responded to in a timely manner. People we spoke with said they felt there was no need to complain and that they were happy at the home.

Auditing systems were in place to monitor and improve the quality of the service. Action reports were clear and contained dates for completion of each action identified. These action reports were checked each month to determine progress made.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains 'good'.

Is the service effective?

Good ●

The service remains 'good'.

Is the service caring?

Good ●

The service remains 'good'.

Is the service responsive?

Good ●

The service remains 'good'.

Is the service well-led?

Good ●

The service remains '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 was 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 27 June 2017 and was unannounced. The inspection team consisted of three adult social care inspectors and an expert 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.

At the time of our inspection there were 30 people living at the home. We spoke with the registered provider, the registered manager, the unit manager, a senior care worker, two care workers and a domestic assistant. We also spoke with two people who used the service and three visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local authority quality assurance officer who also undertakes periodic visits to the home.

Before our inspection we reviewed all the information we held about the service. The provider had completed a provider information return (PIR). This is a document 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 documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

People we spoke with told us they felt safe at the home. Comments made included; "The staff keep me safe. It's things like knowing someone is there to look after you. I have told my friend who is struggling in his own home to come here. They are all wonderful" and "I definitely feel safe here. The [staff] are great and always make sure I have what I need. We (people who used the service) couldn't ask for more." Another person told us; "I feel safe here because [staff] come and check on me at night, my family know I am safe here."

One relative who was visiting their family member told us; "There is always someone about and there are sensors in the rooms. It's nice here. I would put my name down to come and live here."

One visiting professional we spoke with told us; "This is one of the best care homes, in my opinion. All the staff are really good. They let me know straight away if there are any concerns and are really on the ball with safety. They definitely know when and how to report safeguarding concerns, and they do it straight away."

People who used the service were protected from abuse and avoidable harm as the provider had ensured reasonable steps were in place to identify possible abuse and prevent this from happening. There were robust safeguarding policies and procedures in place and these were followed by staff who had received training in this area. Staff could explain to us about the whistleblowing policies and procedures that were in place and knew how to use them. Whistleblowing is one way in which a worker can report concerns, by telling their manager or someone they trust. This meant staff were aware of how to report any unsafe practice.

In care records we looked at, we saw appropriate risk assessments and care plans were in place to safely manage people's risks and care needs, and these were reviewed on a (at least) monthly basis. This included risk assessments of trips and falls and each file we looked at contained a Personal Emergency Evacuation Plan (PEEP) to ensure people's safety in the event of a fire or emergency.

We checked staffing rotas and saw that staffing levels were maintained each day, which included at least one senior and three care assistants. Through our observations, we saw there were adequate staff on shift at the home to meet people's needs in a timely manner, with positive interactions and meaningful conversations being had. The unit manager told us staffing levels were determined based on the occupancy and level of people's needs. Staff we spoke with told us they felt that, although they were busy, there were enough staff to meet people's needs.

We looked at the personnel and recruitment files for five staff members, including care assistants and a kitchen assistant. The files we looked at contained all relevant information and we saw that all pre-employment checks had been carried out prior to the staff member commencing their employment at the home.

We looked at people's medicines and found they were managed in a safe way. We saw Medication Administration Records (MAR's) were in place and were completed fully. This showed that medicines had

been administered as prescribed.

We looked at the way medicines were stored and found they were kept in a locked room. We saw that room temperatures were taken daily to ensure medicines were appropriately stored. Temperatures were taken of the fridge, which was used to keep medicines that required cool storage.

We checked medication stock balances to ensure the records reflected the amounts of medicines on site. We found these were correct. We also checked medicines which were prescribed as a controlled drug and found they were correctly recorded and balanced. All controlled drugs (CD) were recorded in a controlled drug register. CD's are governed by the Misuse of Drugs Legislation and have strict control over their administration and storage. This was signed by two members of staff when a controlled drug was administered.

The provider's medication policy did not give any guidance on the administration of 'as and when required' medicines (often referred to as PRN). We spoke with the registered manager about this and were told this would be addressed. In care records we looked at, we saw there were protocols in place for PRN medicines. These protocols contained information including signs for staff to look out for to identify when someone may need PRN medicines.

Is the service effective?

Our findings

People told us they felt the food at the home was good. People who used the service told us; "The food is pretty good. We can have a fresh fruit alternative; it's nice to have that. The food is served very nicely and they do a lovely Sunday lunch. They make that a bit special" and "The lunches are usually lovely. You cannot complain about the cooking here." Another person told us; "It's good food and you can choose what you want. There is more than enough and you can always have a cup of tea." Visiting relatives we spoke with said; "The menus seem good and people here tell me the food is good. My relative always eats their food and there is always a good choice" and "The food is lovely, it smells delicious. My relative has never complained about the food and they've been here two years. There is a good choice and at teatime, they can have sandwiches, soup, jacket potato, salad, cheese or something else on toast, crumpets or toasted teacakes. They cater for alternatives; my relative was sick one day and just needed soup and toast, which they got."

We carried out observations of the dining experience at lunch time and saw that this time was used as a relaxed, social time with meaningful interactions between staff and people who used the service. Tables were nicely set with clean table cloths, napkins and condiments. We heard staff offering people a choice of meal and, if a person did not wish to eat any of the choices given, they were offered alternatives. Staff were aware of, and respected people's food and drink preferences.

We saw in care records that people had had their nutritional needs assessed, including likes, dislikes, allergies or special diets. Where there was a risk of a person becoming nutritionally compromised, referrals to relevant professionals were made, such as dieticians so that risks could be monitored and reduced. Weight management and monitoring charts were in place and were completed with relevant frequency, so that any emerging risks could be quickly identified. We spoke with the unit manager about one person who had recently lost a significant amount of weight. The unit manager was able to tell us about the person's nutritional needs and how these were being managed, including fortifying foods with higher fat alternatives to encourage weight gain. This was done in line with guidance provided by the dietician. This demonstrated people were encouraged to maintain a nutritional, well balanced diet and were supported with their nutritional needs.

Staff we spoke with told us they received regular training updates in areas including moving and handling, safeguarding, and privacy and dignity. We saw in staff files that refresher training was attended by staff to enable them to maintain their skills and knowledge. Through our observations, we saw that the training staff had received was integrated into people's care and support.

Regular supervisions and annual appraisals took place for staff development and support, in line with supervision and appraisal policies that were in place at the home. Staff we spoke with told us they felt well supported by their line manager and that they would have no hesitation in speaking with their manager at any time. Staff also told us that they felt confident in raising any concerns or areas for improvement as part of their supervision and appraisals.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be

deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Mental capacity assessments had been carried out for people who used the service and, where required, DoLS applications were made. We saw examples of how people's best interests were taken into account if a person lacked capacity to make a decision regarding their care and support and we saw that relevant professionals had been involved with this. Staff confirmed they had received training in MCA and DoLS, and could describe what this meant. The registered manager and unit manager were knowledgeable in this area and could tell us about people who used the service, who had DoLS authorisations in place.

In the care records we looked at, we saw that people had been involved in decisions about their care to ensure things that were important to them were recorded.

We saw people were provided with care and support from a range of healthcare professionals to maintain their health, including dieticians, chiropodists and GP's. The unit manager told us that the home holds a 'GP surgery' every Wednesday, where people who used the service were able to see their GP and bring up any concerns they had.

Is the service caring?

Our findings

People who used the service told us that they felt well cared for and that they had built good relationships with staff. One person told us; "They're all good, a really lovely bunch of carers. We have a laugh and we joke about, I'm really happy here." Another person told us; "Yes, I do feel that [staff] are caring. Nothing is ever too much trouble for them. We chat all the time and they've always got a smile on their face. They are really special people." Other comments made by people who used the service included; "There is good banter with staff, I get on with them", "The staff are very good, not found one of them who is nasty, even the cleaning lady asks me if there is anything I want" and "[Staff] respect my independence, I make everyday choices and I do what I like."

One visitor we spoke with told us; "You can tell [staff] care about the people who live here. It's not just a job to them. They are always smiley and say hello. It's just a really happy place to be." Other comments made by visitors included; "Everyone is friendly, it's home from home and the outside is kept lovely", "It's clean and tidy. There's a friendly and homely atmosphere and they look after my relative well, especially when they are not well" and "The atmosphere is good, even between staff. Everyone gets on. [The registered provider] leads by example and is very 'hands on'. He pops in to see my relative regularly." Visitors told us that staff at the home treated their loved ones with dignity and respect. Comments made included; "Staff can calm people down. They are very patient and I've never seen any one of them get annoyed", "My friend has a problem with incontinence and staff treat him with respect, they cover him up and are very low-key about it all", "Staff always made sure no one comes into the room when washing my relative to protect their privacy" and "Staff ask if my relative is ok to do things and point out that they are not able to do certain things on certain days, so respond accordingly. They encourage [my relative] to do what they can on any given day." One visitor said; "It's exactly what you would want from a home. Tip top."

Our observations throughout the day demonstrated to us that staff had built positive and caring relationships with the people who used the service. Staff showed respect, kindness and compassion to people and communicated with people in a warm and friendly manner. We observed that staff acknowledged people throughout the home with kind greetings and they addressed people with their names. It was clear that staff knew people well and people were relaxed in their company.

We saw that one person was being admitted to the home on the day of our inspection. We asked a staff member how they would ensure that the person's needs are met in a person-centered way. The staff member told us that they had already read through the person's care records, including their likes, dislikes and preferences so that they could ensure the person was as comfortable as possible on their first day at the home. We asked the staff member to explain to us how they would meet the person's care and support needs in a way that the person liked. The staff member was able to tell us what foods and drinks the person liked, their preferred name and a little about their life history. This demonstrated staff took the time to get to know people, even before they moved into the home, to ensure personalised support could be provided.

We saw that staff showed patience and people were given time to move around the home and complete tasks. When people who used the service had personal care needs such as needing to use the toilet, staff

were discreet and supportive.

Throughout the day, we did not hear staff discuss any personal information openly or compromise anyone's privacy. Staff explained to us how they maintained people's privacy and dignity and were very knowledgeable in these areas. Any personal care was given in the privacy of people's own bedrooms.

There were no unnecessary restrictions on visiting times and people who used the service and their relatives told us that the people could visit at any time they wanted. There was a visitor's bedroom for if visitors needed to stay at the home overnight.

Is the service responsive?

Our findings

People we spoke with said staff knew them well and were responsive to their needs. They said they were able to choose how and where they spent their time, that they were able to spend time with people who they wished and could see visitors at any time. One person told us; "We sit where we want really, it's our home. I've got some good friends here and we all love to have a natter." Another person said; "We sit here (in the conservatory area) and talk and have a laugh. We have a laugh with staff and each other, we're like a big family."

Visiting relatives were complimentary about the home being able to respond to their loved ones needs. One relative told us; "My relative had only just come in to the Laurels and staff noticed they needed a cushion to make them comfortable in their dining room chair. The very next day they had a cushion for them because they remembered. It seems you only have to mention something once and it gets acted on. It's attention to detail like that which is important, it shows they treat people as individuals." Another visiting relative said; "Staff are very on the ball. If anything is wrong, the unit manager is on it. My relative came back from having a pacemaker fitted and the medication needed changing. The unit manager stayed well after her shift had finished until it was sorted. Another time, the unit manager noticed my relative was scratching and sorted some cream from the doctor."

Activities at the home were well received and people said they could choose the activities they took part in. Comments made by people who used the service included; "There's a coffee morning every week, you can go to that if you want," and "We went to Cleethorpes last week, it was a lovely day out even though the weather was a bit rubbish." People also told us they took part in other activities at the home, including dominoes and singing.

It was clear to us that staff knew people who used the service well and, during conversations, often referred to their family members and times gone by. Staff could explain to us the activities people liked to take part in and, when one person requested more bingo took place at the home, the registered manager and unit manager knew which person had made this request. Throughout the day, we saw and heard staff asking people their choices and preferences including what people would like to drink or if they would like to go for a walk.

There were three activities workers employed at the home and two volunteers, who ensured that planned activities could be provided five days per week. There was a notice board at the home with information of upcoming events and activities. The registered manager and unit manager told us about a dementia singing group that took place in the local community, where several people who lived at the home had attended. People enjoyed this activity and the registered manager had discussed with the organiser of the singing group the possibility of holding the next singing group at the home. This was to encourage more interaction for people and reduce the risks of social isolation. The registered manager told us that this would also mean people from the community were able to visit the home and see what it was like.

We saw in care records that people were asked for their views and beliefs. The registered manager told us

that a Methodist minister visited the home monthly, as did a Church of England vicar and a Catholic priest to meet the religious needs of people who used the service. We asked if there was anyone at the home who practiced other faiths and the registered manager told us there wasn't at that time but that they were able to arrange support, if needed.

There was a clear and comprehensive complaint's policy and an easy read summary version available for people who used the service if needed. People who used the service told us they knew how to complain and would be confident in doing so. One person told us; "I have no complaints; they look after me too well." We looked at the complaints file kept at the home and saw there had been no recent formal complaints. The unit manager told us that they used a 'concerns book', where any complaints by people who did not wish to raise a formal complaint were recorded and addressed. We saw that each complaint was responded to, the complainant was asked if they were happy with the outcome and if they would like to raise it as a formal complaint. We saw that, of the complaints in the book, everyone was happy with outcomes provided and no one wished to raise a formal complaint. Formal complaints and concerns contained in the concerns book were audited monthly to identify any themes and used as an opportunity for learning and improvement.

Is the service well-led?

Our findings

People who used the service told us they felt able and comfortable to speak with the registered manager, unit manager and other staff. People said they were involved in decisions about their care and in decisions about the home, including decoration and refurbishment. Throughout the day of our inspection, we saw the registered manager and unit manager walking around the home speaking with people who used the service, all of whom appeared happy and comfortable in the managers' company. One person told us; "I would speak to [the registered provider]. He is very approachable, he will listen." Another person said; "Staff are helpful and the place is restful. They cater for all my needs and wants" and "There is a family like atmosphere. I have no problems with anyone."

Comments made by relatives of people who used the service included; "We have resident and relative meetings twice a year and we brought up the fact that staff did not have name badges on. Health and safety dictated that they couldn't have something with a pin on so in the end, they came up with the idea of having a board with staff names and photos on. We also requested access to a computer for [people who used the service], which we now have in the coffee room. The home followed through on both counts" and "The unit manager, registered manager and registered provider all get the job done. They are very on the ball and seem to care. They treat all residents as their own."

Staff we spoke with told us they felt part of a hard-working and supportive team. They told us that the registered manager was approachable and always ready to listen to and support them. Staff said they felt they and people who used the service were listened to and that their opinions counted. One staff member we spoke with told us; "The manager listens to what we say and will make appropriate changes to the way we work" and "I feel supported by the management team. They are always available if you need to chat or sort something out."

We found staff to be enthusiastic, passionate and professional in their roles, with excellent communication skills. They were proactive in supporting people to maintain their health, whilst providing person-centered care and support. All staff we spoke with said they felt valued and that they were happy to be working at the home.

At the time of our inspection, the service had a registered manager who had been registered with the Care Quality Commission since April 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered provider was present on the day of our inspection. People we spoke with who used the service knew the registered provider well. They said they saw the registered provider throughout the home on an almost daily basis, tending to gardens, doing maintenance work and hosting the coffee mornings. When asked, people said they would feel comfortable in approaching the registered provider with any concerns or complaints. This demonstrated different levels of leadership were regularly visible throughout

the home.

Effective auditing systems were in place to monitor and improve the quality of service provided. Audits were carried out on a daily, weekly and monthly basis including medications, infection control, bedrooms, communal areas and accidents and incidents. We saw any actions identified were put into an action plan with a date for completion, addressed and signed off when complete. We saw that audits were monitored to identify any themes or trends.

Staff meetings took place regularly. During these meetings areas discussed included; monitoring visits by the local authority, medications, documentation and the environment. These meetings were also used to ensure any relevant information could be passed to other staff. Suggestions were sought from staff about ways in which to improve the home. These suggestions and actions were recorded and addressed, where possible and appropriate.

Resident and relative meetings took place biannually and were well attended. There was a quarterly newsletter sent out to people who used the service, which included details about recent events, upcoming events, dignity and available opportunities. For example, we saw there was information on one of the newsletters regarding the availability classes to learn IT skills. These classes enabled people to access computers and learn how to use the internet in order to increase their social interactions and partake in enjoyable activities.

There were up to date policies and procedures in place, which covered all aspects of the service. Staff were aware of the policies and procedures and told us they were familiar with their content.