

## Country Court Care Homes 2 Limited

# 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

This inspection took place on 25 July 2018 and was unannounced. This was the first inspection of the service since it was registered to the current provider – Country Court Care Homes 2 Limited, in July 2017.

The Laurels is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home is registered to accommodate up to 21 people. It specialises in providing care and support to older people. At the time of the inspection there were 19 people living at the home.

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The home was well led by a registered manager and provider who were open and approachable. They were committed to continually monitoring standards and improving the service offered to people.

People and staff were very positive about the changes that had taken place since the new provider had taken on the running of the home. People felt listened to and their suggestions were put into practice where practicable.

People were cared for by staff who were kind and compassionate. People felt safe at the home and with the staff who supported them. One person told us, "I feel well looked after and definitely safe."

Staff carried out assessments of people's individual needs and created care plans to show how people would be supported to maintain their independence. Care plans gave information about people's likes, dislikes and lifestyle choices to make sure staff were able to provide person centred care.

People's health and well-being was monitored and staff supported people to see health care professionals according to their individual needs.

People had their nutritional needs assessed and met. People were happy with the food provided and told us there was always choices of meals. People were able to choose where they ate their meals. The majority of people ate in the dining room which made mealtimes a pleasant sociable occasion.

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

Staff respected people's choices and supported their independence. People were able to make choices about their day to day lives and staff respected people as individuals. Where people lacked the mental capacity to make decisions for themselves staff acted in a way that respected their legal rights.

There was a programme of activities and entertainment which people could choose to join in with if they wished to. One person told us, "There's plenty going on." Another person said, "No I don't join in, but that's my choice."

## 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 was safe.

People told us they felt safe at the home and comfortable with the staff who supported them.

People were supported by adequate numbers of staff to keep them safe.

Risks of abuse to people were minimised by the provider's systems and processes.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People's healthcare needs were monitored by staff and advice was sought from other professionals when required.

People were happy with the food provided at the home.

### Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and compassionate.

People's privacy and dignity were respected.

People felt involved in all decisions about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive

People's care was tailored to their individual needs and preferences.

People felt comfortable to talk to staff if they were unhappy.

People had opportunities to take part in a wide range of activities.

**Is the service well-led?**

The service was well led.

People benefitted from a registered manager and provider who audited the service and had a commitment to on-going improvements.

The provider actively sought people's views and responded to suggestions made.

Staff felt supported and were well motivated. This helped to create a happy relaxed atmosphere for people to live in.

**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.'

This inspection took place on 25 July 2018 and was unannounced. It was carried out by an adult social care inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we spoke with 12 people who used the service and four visitors. We also spoke with four members of staff and the registered manager. One healthcare professional provided positive feedback before the inspection.

Throughout the inspection we observed care practices in communal areas and saw lunch being served in the dining room.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, records of medication administration, minutes of staff and residents' meetings and records relating to quality monitoring.

## Is the service safe?

### Our findings

People felt safe at the home and with the staff who supported them. One person told us, "I feel well looked after and definitely safe." Another person said, "They check on you at night which makes you feel safe." A visitor commented, "I have no worries. I know they are safe here."

The risks of abuse to people were minimised because the provider had policies and procedures which ensured new staff were thoroughly checked. The registered manager gave assurances that no new staff began work in the home until checks had been carried out to ensure their suitability to work with vulnerable people. At the time of the inspection staff files were not available at the home but were held by the provider. We were told that there were plans to move copies of staff files to The Laurels. We saw this was an action point on the registered manager's action plan.

People were further protected because staff knew how to recognise and report any suspicions of abuse. Staff felt confident that any concerns raised with the registered manager would be fully investigated and action would be taken to make sure people were protected. The provider had a whistle blowing policy which enabled staff to take serious concerns outside the home if they felt, for any reason, they could not raise issues with the registered manager. One member of staff said, "You could always talk with the area manager. They are very accessible to us."

Risk assessments were carried out to enable people to retain their independence safely. Where people were assessed as being at high risk of falls the staff ensured people had the equipment and support they required to enhance their independence.

Where things had gone wrong staff learnt from these incidents and took action to prevent re-occurrence. For example, a number of people liked to go out for a walk without staff. Following an incident, small cards were available by the front door with the home's contact details which people could take with them. This meant people continued to go out but had the security of knowing they could easily contact the home if they needed to.

The provider told us in their Provider Information Return (PIR) they used a dependency tool to set staffing levels which made sure people's needs could be met. They told us staffing levels were regularly monitored against the needs of people and adjustments were made accordingly.

Since the new provider had taken over the running of the home some adjustments to staffing levels had been made. These included increasing waking night cover and domestic staff. One member of the care staff team said, "Since we have more domestic support we can concentrate on the care which is brilliant."

At the time of the inspection staffing levels were sufficient to support people with their needs. People told us staff responded promptly to requests for help. One person said, "If I ring the bell they are always here within five minutes." Another person said, "If you ring they are very quick."

People received their medicines safely from senior staff who had received specific training to carry out the task. Risk assessments were carried out for people who wished to self-medicate. At the time of the inspection no one was administering their own medicines. One person's care plan had a risk assessment which showed they would not be safe to administer their own medicines and this had been discussed with the person who had agreed for staff to take responsibility for their medicines. One person told us, "They are good with meds. They make sure I get my tablets every morning."

Some people were prescribed medicines, such as pain relief, on an 'as required basis'. During the inspection we heard staff offering this medicine to people which enabled them to decide if they wished to have this.

Staff had received training and followed good infection control practices. This helped to protect people against the spread of infection. During the inspection we noted all areas of the home were clean and fresh and staff wore personal protective equipment, such as disposable aprons, when needed. One person told us, "Everywhere is thoroughly cleaned." A visitor commented, "There are no bad odours when you come into the home."

There were systems in place to make sure equipment and the building was well maintained and safe. All areas of the home were fitted with a fire detecting and alarm system which was regularly checked and serviced. There was a programme in place to make sure water temperatures were regularly checked to minimise the risk of scalding and tests were carried out to minimise the risk of Legionella.



## Is the service effective?

### Our findings

The Laurels was a large older style building which had a homely atmosphere. Accommodation for people was set over two floors with a stair lift to assist people to reach the first floor. All bedrooms had an en-suite toilet and wash basin. There were assisted bathing and showering facilities on each floor. However, there was only one bathroom on the ground floor and this was some distance from some bedrooms, meaning people had to pass through communal areas to reach it. The downstairs bathroom was also used as a hairdressing salon and had a number of chairs in. On the day of the inspection a wheelchair was also being stored in the room, meaning it did not provide a homely or relaxing environment for people to bathe in. Following the inspection the registered manager advised us they had arranged for the bathroom to be cleared out and redecorated.

Since the new providers had taken over the running of the home they had begun to make some improvements to the environment. The dining room had been refurbished to promote a sociable atmosphere for people to eat their meals in. A number of bedrooms had been fully refurbished and furniture had been replaced in some areas. One person said, "There's been lots of improvements."

There were outside spaces for people to use at the front and back of the house. There was no signage to help people to find their way to the back garden. The garden areas were not well maintained and so not all areas were inviting for people. One person told us, "I like to use the gardens but I have to be a bit careful because it's not all that even in places." Another person said, "I would sit outside but it's too hot. There are some parasols but nobody puts them up and I can't manage it."

The provider carried out pre-admission assessments before people moved to the home. This was to make sure that The Laurels was the right place for the person and had the facilities and staffing to meet their needs. The provider told us in their Provider Information Return (PIR) that a person's 'religious beliefs, disability, sexuality or background has no bearing on the decision to admit into the home.' One person told us they had stayed at the home for a short break before deciding to move in permanently. They said, "I felt really at home. The food was brilliant, the staff were friendly and they totally accepted me as a person. Decision made."

Care plans were drawn up from the initial assessments to show how people's needs would be met. Care plans we saw had been regularly reviewed to make sure staff had up to date information about how people wanted to be supported. Care plans gave details of people likes, dislikes and preferred routines as well as their needs.

People were supported by staff who had received training to enable them to safely and effectively support them. All the staff we spoke with said they were very happy with the training they received. One member of staff said, "There's always training available. It's good as well, mostly face to face, not online, so you can ask questions."

There was an emphasis on promoting independence and staff told us they felt their role was to support

people in this. One person told us, "I like to do things for myself. When I need help I ask for it and they are very obliging but respect I want to do things my way." The registered manager informed us they often provided respite care for people who had been in hospital but needed a short period of support to regain their confidence and independence before returning to their home.

Staff monitored people's health and sought advice and guidance to support long term health conditions and deal with periods of acute illness. People told us staff arranged for them to see healthcare professionals such as doctors, community nurses and opticians. One person told us, "The doctor comes here if you need one."

The majority of people who lived at the home were able to make decisions about the care they received and how they lived their lives. People told us they only received care and support with their consent. One person said, "They always ask if I want a bath and if I would like any help." Another person told us, "They know me now, they help me and ask if there is anything else they can help me with."

The Mental Capacity Act 2005 provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available.

Where people lacked the mental capacity to make a decision, staff knew how to support people in a way that respected them and their legal rights. One member of staff said they involved people as much as possible but if they were unable to make a decision they consulted professionals and family members to help them to make a decision in the person's best interests.

One care plan showed that the person had been assessed as unable to make a specific decision and a best interest decision had been made. We saw that the person's family representative, GP and care co-ordinator had been involved in the decision. This showed staff were working in accordance with the principles of the MCA.

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) Where people required this level of protection, applications had been made to make sure people's legal rights were respected.

People's nutritional needs were assessed and met. People were weighed regularly and the registered manager included people's weights in their monthly audits. This enabled them to take action if there were any significant changes which could indicate the person needed additional support or monitoring. Referrals were made to appropriate healthcare professionals when the staff had concerns about a person's nutritional intake.

People were happy with the food served at the home. Comments included; "You couldn't find better food." "Food is quite adequate and there is always a choice" and "Very nice food." One visitor told us that during the hot weather staff had been making sure people had extra drinks and ice lollies.

## Is the service caring?

### Our findings

People felt well cared for and said staff were kind and friendly. One person told us, "Staff are very kind and helpful." Another person said, "Staff are very caring, they are willing to listen and try to put things right."

Throughout the day we saw staff spoke with people in a kind and friendly manner. Staff used gentle touch to encourage and comfort people. Staff took time to listen to people and were compassionate in their responses. One person, who had experienced a bereavement, pointed to a member of staff and said, "Many a time I have cried on their shoulder." Another person told us, "One night I was really upset. I sat with night staff whilst they did the ironing and poured my heart out."

People were encouraged to keep in touch with friends and family and visitors were welcome at any time. Visitors told us there were no restrictions on visiting times and they were always made welcome. Friends and family were invited to social events and activities and people were encouraged to treat The Laurels as their home. One person told us, "When I first moved in they [staff] said you must treat it as your home and do whatever you would have done in your own home."

People's choices were respected and they were able to choose to mix with others or spend their time in their rooms. Some people had formed friendships with other people who lived at the home and sat chatting and socialising together. Some people preferred to spend their time in their rooms and their privacy was respected. One person commented "It's the little things, like they always knock on my door." One person told us, "I'm anti-social and I love being in my room."

Staff were kind and respectful when they supported people with personal care. People told us they were able to choose who supported them with intimate personal care. One person said, "I have a choice if I want a male or female member of staff helping me." Another person told us how staff treated them with respect and dignity. They commented, "I never feel embarrassed."

People felt involved in planning and controlling their care and support. Some people were not aware of their care plans but all felt they were able to make choices about the care and support they received. One person told us they had a keyworker who went through their care plan with them. Other people said they were asked on a daily basis about how and when they wanted to be supported. One person told us, "They always ask if I need any help." Another person said, "They are there if I need them. Always helpful." Visitors said the staff communicated well with them and kept them up to date with any significant events.

People could be involved in the running of the home by day to day discussions and more formal meetings. Comments about meetings included; "I have been and they are very useful. We discussed the menu and what activities we would like," "Very informative" and "Raised questions and got answers." The minutes of resident's meetings showed a wide variety of subjects were discussed including any proposed changes in the home."

## Is the service responsive?

### Our findings

People received care and support which was personal to them, supported them to be independent and respected their wishes and choices.

Care plans contained life story books which gave staff information about people's chosen lifestyles, the people who were important to them and their interests and beliefs. This helped to make sure staff understood them as a person and were able to respect them and their preferences.

Staff knew people well and supported people in a person-centred way which respected their lifestyle choices, abilities and wishes. The provider told us in their Provider Information Return (PIR) 'everyone is treated as an individual, and their needs are met accordingly. All staff are trained in equality and diversity. We uphold a zero tolerance to bullying and we respect everyone's rights and wishes.'

People's care plans were updated regularly to make sure staff had the information they required to meet people's current needs. Two visitors told us they felt their relatives' well-being had improved since living at the home and they now required less support than when they moved in. One person said, "It's been a good move for me. I have more confidence than when I was living on my own."

Staff told us they had cared for people at the end of their lives. They said they worked with other healthcare professionals to make sure people were comfortable and pain free. One member of staff said how important they felt it was to provide people with good quality end of life care and make sure their wishes were respected.

People were able to make choices about their day to day lives and follow their own routines. People said they could choose when they got up, when they went to bed, and how they spent their day. One person told us, "They don't pester you. You can get up and go to bed when you want." Another person said, "You can more or less do what you like."

People were supported to take part in a range of activities. Some people liked to join in with organised group activities and other people preferred to entertain themselves or take part in one to one activities. During the inspection we saw the activity worker spent time with people in their rooms chatting and playing cards. One person told us they enjoyed playing the piano in the lounge and another person liked to knit.

A monthly activity programme was distributed to everyone which enabled people to plan their time around the activity sessions which interested them. One person told us, "There's plenty going on." Another person said, "No I don't join in but that's my choice."

The activity programme included games, quizzes, exercise classes, arts and crafts, gardening and regular entertainment. The home shared a minibus with three other homes owned by the same provider and some people said they had enjoyed trips out.

There was a monthly Christian service and one person was visited by a representative of their church. Staff said, at the present time the Christian service catered for the needs of people but if at any time people wished to practice any other faith they would happily accommodate this.

Some people liked to go out for walks in the local area on their own and some people required support to do this. During the inspection we saw people going out with and without staff support.

People said they would be comfortable to make a complaint if they were unhappy about any aspect of their care. One person told us, "Staff are nice and easy to talk with. Things get put right if you tell someone." A visitor said the registered manager was very approachable and they would not hesitate to make a complaint if they needed to. One visitor said they had been able to raise a concern and had received an apology from the registered manager.

The registered manager kept a record of, and investigated, all complaints whether made verbally or more formally. Records of complaints showed all concerns were treated seriously and action was taken if investigations highlighted shortfalls in the service.

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service user guide stated that it was available in other formats and languages. However, the complaints policy and activities calendar were in quite small black print and may not be easy for everyone to read. We pointed this out to the registered manager who said they would take action to make these documents more user friendly for the people who lived at the home.

## Is the service well-led?

### Our findings

People lived in a home which was well managed, sought people's views and constantly looked for ways to improve the service people received.

People could be confident there was a clear vision for the home which put people at the centre of the service. The registered manager told us they aimed to provide a homely environment for people which supported them to maintain their independence. Comments from people, such as "They help me when I need help but don't take over" and "It's a home from home" showed this ethos was put into practice.

People and staff commented positively about changes that had been made by the new provider. One member of staff said, "There's more structure for us and more choice for people now." Another member of staff told us, "All changes have definitely been for the better."

The registered manager had worked at the home for a number of years but had recently taken on the role of 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 2008 and associated Regulations about how the service is run.

The registered manager was very open and approachable. They constantly sought people views and asked for suggestions. People and staff appeared extremely comfortable and relaxed with the registered manager and they had an excellent knowledge of people who lived at the home. They told us they tried to visit every person each day to chat and answer any queries or concerns. One person said, "The manager comes round to see you." Another person told us, "I see the manager most days."

People were supported by staff who were well motivated and happy in their roles, which helped to create a comfortable atmosphere for people. When we asked people if they thought staff were happy they said, "Yes, I hear them laughing and joking" and "Yes, There's a good atmosphere." One member of staff told us. "I feel supported now. I love my job. There have been loads of changes, all for the good."

The registered manager told us they kept their skills and knowledge up to date by on-going training, reading and liaising with other professionals and managers within the provider group. The provider had comprehensive, up to date policies and procedures and these were available to all staff. To ensure all staff understood these, the registered manager operated a policy of the month system and the identified policy was discussed at the monthly team meeting. This helped to make sure people received care from staff whose practice was in accordance with current best practice and legislation.

People had opportunities to share their views and make suggestions about the home. There were regular meetings for people and relatives, satisfaction surveys and daily contact with the registered manager. The provider operated a system called "You said, We did" to show how suggestions had been dealt with. The provider put suggestions into practice where practicable. For example, people had asked for smaller glasses

as they found the glasses too heavy and these had been purchased. People had also requested new chairs and additional side tables for the lounge, and again these had been provided.

Following this inspection, the registered manager contacted us to state the actions they had taken to put suggestions we made into practice. For example, the day after the inspection they told us they had ordered more parasols to promote people's comfort in the garden. They had also arranged for the downstairs bathroom to be de-cluttered and re-decorated to ensure it provided a pleasant environment for people.

People lived in a home where the quality of care and support was effectively monitored. The provider carried out a programme of audits within the home and shortfalls identified were addressed through clear action plans. A representative of the provider visited the home regularly to support and supervise the registered manager and to carry out audits of the service.

The registered manager had excellent systems in place to enable them to monitor quality and people's individual care. At the end of each month they carried out a full analysis of events in the home such as complaints, infections, falls, weight gains and losses and outcomes of audits. Following this analysis, they held a meeting with senior staff to plan improvements and individual monitoring of people's needs for the following month. This helped to make sure issues highlighted were responded to as a team and dealt with promptly.

People continued to be part of the local community and took part in community events. Children from a local school visited to help people celebrate special occasions such as Christmas. The Laurels took part in various village events and supported people to decorate the home and garden to reflect things going on locally. The home also took part in competitions organised by the provider. At the time of the inspection people were engaged in a gardening competition between care homes owned by the provider.

The registered manager had notified the Care Quality Commission of significant events in line with their legal responsibilities.