

Regency Healthcare Limited

The Laurels Care and Nursing 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

This inspection of The Laurels Care and Nursing Home was carried out on the 31 January 2017 and was unannounced. We last visited this service on the 10 March 2016 to check whether breaches in regulation we had found during our inspection in August and September 2015 had been addressed by the provider. Whilst improvements had been made and the service was found to be no longer in breach of regulations in all areas we assessed, we could not improve the rating at that time for the service from 'requires improvement' because to do so required consistent good practice over time.

During this inspection we found evidence improvements had been consistently maintained and the service was meeting the current regulations.

The Laurels Care and Nursing Home provides accommodation and nursing and personal care for up to 28 people, most of who are living with dementia. The service is located close to the centre of Bacup and all local amenities. It is an older type grade 2 listed property with facilities on three floors. The majority of bedrooms do not have en-suite facilities although bathroom and toilet facilities are available on both floors. There are well maintained gardens and a car park for visitors. At the time of this inspection there were 18 people resident at the home.

There was a manager in post who was registered with the Care Quality Commission. A 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.

All the people, their relatives, and a visiting professional we spoke with told us the service provided a good level of care and support that placed people at the heart of their care. We found people's rights to privacy, dignity, and freedom of choice was embedded into the culture of the home and people's diversity was embraced.

People living in the home told us they felt safe and very well cared for. They considered staff were always available to support them when they needed any help.

Recruitment processes and procedures that were followed ensured new staff were suitable to work with vulnerable people. We found there were enough staff deployed to support people effectively at all times.

Safeguarding referral procedures were in place and staff had a good understanding around recognising the signs of abuse and had undertaken safeguarding training. Staff was clear about their responsibilities for reporting incidents in line with local guidance and staff knew how to report any poor practice.

Risks to people's health, welfare and safety were managed well. Risk assessments relating to people's care were good and staff were familiar with the needs of people at risk of poor nutrition, falls, and pressure

ulcers. Charts used to monitor people at risk were being used effectively.

There were appropriate arrangements in place in relation to the safe storage, receipt, administration and disposal of medicines. Staff responsible for administering medicines had been trained.

All people spoken with were very positive about staff knowledge and skills and felt their needs were being met appropriately. Staff felt confident in their roles and they were supported by the registered manager to gain further skills and qualifications relevant to their work. They were motivated and committed to provide a high quality of care.

Training was being provided to support the staff to deliver safe and effective care and support. Staff training needs was being routinely assessed and planned for and staff received regular supervision.

Staff followed the principles of the Mental Capacity Act 2005 to ensure that people's rights were protected where they were unable to make decisions for themselves. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routines and level of support from staff for personal care was acknowledged and respected.

People told us they enjoyed the meals. They were provided with a nutritionally balanced diet that catered for their dietary needs. Staff worked closely with healthcare professionals to ensure people's dietary needs were met.

People we spoke with considered staff were kind and caring. We found staff were very respectful to people, attentive to their needs and treated them with kindness in their day to day care. We observed people's dignity and privacy was being respected. Staff had a good understanding of people's personal values and needs and had been trained to ensure people's right to privacy, dignity, independence, choice and rights was central to their care.

People had a plan of care that covered all aspects of their daily lives and embraced their diverse needs such as faith and gender issues. Care plans provided staff with guidance and direction on how best to support people and to be mindful of what was important in people's lives when providing their support.

People's care and support was kept under review, and people were given additional support when they required this. Referrals had been made to the relevant health and social care professionals for advice and support when people's needs had changed. This meant people received prompt, co-ordinated and effective care.

Communication between all staff was good. People's care and support needs were discussed on a daily basis.

Activities were varied and meaningful and people benefitted from individual and group sessions that provided stimulation. People were encouraged at their meetings to put forward ideas for activities and there was evidence their suggestions was acted upon.

The complaints procedure was displayed in the home and we found processes were in place to record, investigate and respond to complaints. Complaints raised were taken seriously and action taken to bring about resolution.

People using the service, relatives, health care professionals and staff considered the management of the

service was good and they had confidence in the registered manager.

There were systems in place to monitor the quality of the service to ensure people received a good service that supported their health, welfare and well-being. We found regular quality audits and checks were completed to ensure any improvements needed within the service had been considered and action taken.

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. Staff were aware of their duty and responsibility to protect people from abuse and were aware of the procedure to follow if they suspected any abusive or neglectful practice.

There were sufficient numbers of staff to meet the needs of people living in the home. Safe recruitment processes had been followed.

People's medicines were managed in accordance with safe procedures. Staff who administered medicines had received appropriate training and supervision.

Risks to the health, safety and wellbeing of people who used the service were assessed and planned for with guidance in place for staff in how to support people in a safe manner.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were trained and supervised and were given enough information to care for people they supported.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and people had access to healthcare services and received healthcare support.

People were supported to eat and drink and their nutritional needs were effectively monitored.

Is the service caring?

Good ●

The service was caring.

People were involved in decisions about their care and given support in line with their preferences.

Staff knew people well and displayed kindness and respect when providing support.

Staff respected people's rights to privacy, dignity and independence.

Is the service responsive?

Good ●

The service was responsive.

People had completed care plans based on their assessment of needs that were kept under review. Communication was good in ensuring all staff were kept up to date with people's presenting needs.

People were supported to take part in a range of suitable activities and supported to keep in contact with families and friends.

People told us they could raise any concerns with the staff or managers and had confidence issues raised would be dealt with appropriately.

Is the service well-led?

Good ●

The service was well led.

People made positive comments about the management and leadership arrangements at the service and there were systems in place to seek people's views and opinions about the running of the home.

Quality monitoring systems were effective in ensuring risk to people's health and welfare was managed and there was a clear leadership structure in place.

Staff had access to a range of updated policies and procedures, job descriptions, staff handbook and contracts of employment to support them with their work and to help them understand their roles and responsibilities.

The Laurels Care and Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 31 January 2017 and was unannounced.

The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we had received about the service since our previous visit. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed information we received from commissioners of services and other health and social care professionals who had attended regular Quality Improvement Planning (QIP) meetings, organised by the local authority with the provider.

During the inspection we spoke with six people who used the service, the registered manager, three care staff, a registered nurse, a domestic staff, three relatives and a visiting healthcare professional. We reviewed three people's care records and other documentation relating to risk for all people. We looked at service records including three staff recruitment and induction records, staff rota's, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and procedures and quality assurance audits.

We observed care and support in the communal and dining room areas. We visited two people in their rooms and we looked around the premises.

Is the service safe?

Our findings

People spoken with told us they felt safe and secure in the home. One person said, "I suppose I would call it safe here because there is always someone around to help. The staff are very nice and we are looked after very well." Another person said, "I love it here. The staff are very kind and I have no complaints. When I lived in my own home I couldn't manage so I stayed here a few times before I decided to stay here on a more permanent basis. I have no regrets; all my needs are met and met very well."

We spoke with relatives and a health care professional visiting and asked them for their opinion on the quality of care people received and if they had any concerns. One relative told us they were very pleased with the level of care their relative was given. They said "The staff are very good. I have no concerns with anything here. I visit regularly, in fact every day and [relative] would tell me if anything was wrong." Another relative told us, "I have no concerns at all with the standards here." A health care professional we spoke with told us, "I visit regularly and in my opinion this is a very good home. The staff are very good and are kind and caring to the residents."

We asked people using the service of their opinion regarding staffing levels. Their comments included, "The staff are always around. I get all the help I need." There is always staff about. I get the help I need and when I need it. It would be rare to have to wait for help. If they are busy they let me know and will say, 'give me two minutes and I'll be with you. That's alright because they never let me down." Relatives and a health care professional also told us there was always staff around to help people.

During the inspection we found there were sufficient staff on duty. Staff we spoke with told us they did not feel rushed when carrying out their daily duties. They told us they had time to spend with people. One staff member said, "It can get busy, but we never feel we have to rush people. Everything gets done. It's a team effort. [Registered manager] will help us. That's the good thing, if one of us are tied up with something everyone rallies around." Two visitors told us they visited frequently during the week and at different times. There was always staff around attending to people's needs.

We looked at staff rotas. These were completed in advance to maintain consistent staffing arrangements. The registered manager told us there was a core group of staff who were long serving and were therefore familiar with people's needs. Cover for sickness or annual leave was managed well and recruitment of staff was an on-going process.

We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers, a physical and mental health declaration and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We were confident safe recruitment practice was being followed.

The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from abuse. There were policies and procedures in place for staff reference relating to safeguarding people including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called 'making a disclosure in the public interest'. Staff we spoke with knew they had a responsibility to report poor practice and were aware of who to contact if they had concerns about the management or operation of the service.

We also found the staff understood their role in safeguarding people from harm. They were clear about what to do if they had any concerns and indicated they would have no hesitation in reporting their concerns to registered manager and the local authority. Staff told us they had completed safeguarding training.

We looked at how medicines were managed within the service and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Assessment and care planning showed people's medicines had been confirmed on admission with relevant people and their medicines were being kept under review.

Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's we checked were complete and up to date. Handwritten entries had been countersigned to check for accuracy. Medicines were stored securely which helped to minimise the risk of mishandling and misuse.

Where new medicines were prescribed, such as antibiotics, these were promptly started. People who had medicines for as required or variable doses these were also managed well. Where people had been prescribed topical creams body mapping was used to illustrate and show staff where the creams were to be applied.

Staff responsible for medicines had completed a safe handling of medicines course. Medicines were regularly audited. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time.

We looked at how the service managed risk. Environmental risk assessments and health and safety checks were completed and kept under review. These included for example, regular checks in relation to fire, health and safety and infection control. Emergency evacuation plans were also in place including a personal emergency evacuation plan (PEEP) for each person living in the home. Heating, lighting and equipment had been serviced and certified as safe and contact numbers for utility services were kept at hand for staff to refer to in an emergency situation.

We checked how the provider made sure people were protected from unsafe care by identifying and managing risk to people's health and welfare. Risk assessments were in place and recorded in people's care plans. These were personalised and identified risks involved in delivering people's care safely. We found the standard of risk management plans to be good. They provided staff with guidance on how to manage risks in a consistent manner and included for example moving and handling, tissue viability, nutrition and falls. A recognised risk assessment tool for the monitoring of malnutrition and skin integrity was in use and where an increase in risk was identified, we saw that appropriate action had been taken. Records showed that risk

assessments were being reviewed and updated on a monthly basis or in line with changing needs.

We looked at the arrangements for keeping the service clean and hygienic. People raised no issues about the cleanliness of the home. People said, "It's very clean and I love my room." "I'm pleased with the cleanliness here." A relative we spoke with told us, "The standard of cleanliness is good as far as I've seen. I couldn't fault it." We noted staff had access to personal protective equipment (PPE) such as hand gels, paper towels, disposable gloves and aprons throughout the home. This ensured staff were able to wash their hands before and after delivering care to help prevent the spread of infection. We noted staff had been trained in infection control and infection control was raised as topics for discussion in staff meetings, supervision and at handover meetings.

Is the service effective?

Our findings

People we spoke with felt staff were skilled to meet their needs. They said, "I think they are really nice. They certainly know what they are doing. We have nurses here and we get district nurses visiting." "I certainly get the right help. I have problems with my legs but they are healing nicely. I'm never left in any discomfort. I only have to ask for help and I get it. All of the staff are really nice and do a good job." And "They are very good and see to whatever I need day and night." "The staff here really know what they are doing. I couldn't ask for more." "I have no regrets about being here; my needs are met and met very well." A visiting health professional told us, "The staff seem to be very good and helpful. They will follow my instructions and keep me updated when I visit."

We looked at how training was being managed. We saw training was being systematically provided for all staff. From our discussions with staff and from looking at training records, we found they received a wide range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Staff told us they were up to date with their training and felt they had the training they needed. They said, "We all get lots of training which keeps us up to date" and "[Registered manager] reminds us to attend the training booked for us." The registered manager told us there was never any problem accessing training and staff were reminded of their contractual agreement to attend training provided. Nursing staff confirmed they were given the time, support and opportunity to attend training required to ensure they could keep their registration up to date and had access to clinical supervision to enable them to reflect on their practice, their knowledge and skills.

There had been new staff appointed since our last inspection. Staff had completed induction training linked to the Care Certificate standards. The Care Certificate is a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. All staff had either completed a nationally recognised qualification in care or were currently working towards one.

Information sharing between staff was seen to be good. Staff told us they were well supported by the management team and they were provided with regular one to one supervision and an annual appraisal of their work performance. Staff told us regular handover meetings, handover sheets that were completed and a communication diary helped keep them up to date about people's changing needs and the support they needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. Staff told us the team worked well together and communication was good.

Care records showed people's capacity to make decisions for themselves had been assessed on admission and useful information about their preferences and choices was recorded. Where people had difficulty expressing their wishes they were supported by family members.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. 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 2005, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager and staff we spoke with had a working knowledge of their responsibilities under this legislation and there was information available for reference purposes. Applications had been made for DoLS. Staff understood the importance of gaining consent from people and the principles of best interest decisions. Routine choices such as preferred daily routine and level of support from staff for personal care was recorded.

We looked at how the service managed 'Do Not Attempt Resuscitation' (DNAR). We saw that the appropriate consent forms were in place. Records showed discussions had taken place with relatives, the person the DNAR related to where possible, and the person's GP in most instances and capacity for understanding recorded. The information around DNAR decisions was easily available to ensure people's end of life wishes would be respected.

People were registered with a GP and people's healthcare needs were considered within the care planning process. We noted assessments had been completed on physical and mental health. This helped staff to understand people's limitations such as mobility and to recognise any signs of deteriorating health. People's healthcare needs were kept under review and routine health screening arranged. Records had been made of healthcare visits, including GPs, the chiropodist and the district nursing team. We spoke with a visiting health professional. They told us the service worked very well with them.

We noted risk assessments had been carried out to assess and identify people at risk of malnutrition; weight gain and dehydration were being used appropriately. People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals had been made to the GP, Speech And Language Team (SALT) and dietician as needed. Charts were well maintained to support staff keep a record of nutritional intake for people at risk.

We observed lunchtime. People were given a choice of meals and drinks. People we spoke with told us they enjoyed the food served. They commented "I've no complaints about the food. We get plenty to eat and if we don't like what is on offer we can have something else." "I'm okay with the food, its good. We don't go hungry." "It's good and wholesome." We also overheard people chatting between themselves about the meals and one person said, "I can't wait for my dinner the food is delicious." A relative told us, "She seems to like the food. I get a meal when I visit if I want one. From what I've seen served, I think it's good." There was no menu displayed however and people did not know what was on the menu when we asked them. We discussed this with the registered manager. Menus were kept under review and changes made in response to feedback from people. We found the meal time was unhurried, food served was nutritious and portions served were generous. We observed staff offered support and encouragement to people in a sensitive way when they needed it.

Is the service caring?

Our findings

People we spoke with told us staff were caring towards them. Comments included, "The staff are very good. We can have a laugh and a joke with them." "The staff are very nice. We can have a good conversation with them and a laugh. They take care of me very well I've no complaints at all. I would say they are very respectful to me and to everyone else." "The staff are really kind". And, "They are all very friendly." We were told there were no institutional routines they were expected to follow such as when they got up or went to bed.

We looked at the results of a quality monitoring survey. People considered they were treated with dignity and respect. Comments included, ""Staff treat people as individuals and never as one of a crowd." "They address me as I want to be addressed and that's first name basis all the time." Relatives we spoke with told us, "I feel very welcome when I visit. The staff are friendly and always keep me up to date with how things are." And, "She seems to like the staff. I've never heard her grumble. I would describe them as caring." They also commented on how their relative was always dressed well, clean and presentable and their comments included, "Whenever I visit, [relative] is always clean and dressed nicely." And, "I have no concerns on that score. [Relative] is always clean and tidy."

From our observations during the time we were at the home we observed people were appropriately dressed and assistance with personal care was given in privacy. We found staff were respectful to people, attentive to their needs and addressed them with their preferred name. People were treated with kindness and calls for assistance were responded to promptly. People who required support received this in a timely and unhurried way. Staff were friendly and the atmosphere in the home was calm, relaxed and happy. We visited one person who was in their bedroom. They looked comfortable and staff were seen to pop in and out carrying out welfare checks.

We considered how 'dignity in care' was managed on a day to day basis. Care plans we looked at centred on people's views and wishes for their care and support. Attention to detail in care plans regarding what people wanted and needed meant staff were always sensitive to their needs. People had been involved in the planning of their care.

Staff we spoke with displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for. They were well informed about people's individual needs, backgrounds and personalities. They were also familiar with the content of people's support plans and they understood their role in providing people with person centred care and support. One staff member said, "You get to know each person and what is important to them. Everyone is different."

We checked people's care records. We were able to establish the level of support staff provided in meeting people's personal care needs. For example bathing and showering. Where a bath or shower was not an option due to people's health, people were given bed baths. Daily records indicated full support with personal care was given.

Staff had training that focused on values such as people's right to privacy, dignity, independence, choice and rights. Staff spoke about people in a respectful, confidential and friendly way. Communication was seen to be very good. Daily records completed by staff were written with sensitivity and respect. We noted confidentiality was a key feature in staff contractual arrangements and all staff had been instructed on confidentiality of information. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

People were encouraged to express their views during daily conversations, in residents and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions such as meal times, activities and refurbishment plans.

Is the service responsive?

Our findings

Everyone we spoke with were complementary of the staff regarding their willingness to help them. People commented, "It doesn't matter when I ring my buzzer day or night I get all the help I need." "I think the staff are wonderful, I can ring my buzzer at any time and they will come to see what I want." "On the ball when you need help."

We looked at three care plans. The information in the assessments was wide ranging and covered interests and activities, family contact, identification and personal needs such as faith or cultural preferences, physical and mental health needs, communication and social needs. We noted supporting information from relatives and any professionals involved in people's care was also considered and formed part of the assessment process. Care plans were written to reflect assessed needs and included life history, their likes and dislikes and what was important to them when providing their support. Emergency contact details for the next of kin or representative were recorded in care records as routine.

We saw that people's needs were supported by a series of risk assessments to establish the level of support people needed and the management of any identified risks. They were easy to follow and read and were being reviewed on a regular basis. Charts were available for staff to use when people needed monitoring such as with nutritional intake, positional changes for pressure relief and personal care.

Staff told us care plans were easy to follow and people's care was discussed all the time. They read people's care plans on a regular basis and felt confident the information was accurate and up to date. They told us, "All care issues and any concerns are discussed at handover meetings. We pass on information from shift to shift and we write everything down." "If there have been changes to people's care we are told straight away."

Staff also completed daily records of people's care which provided information about any changes in people's needs that required monitoring. We looked at a sample of these. They showed how people had been supported during the day and night such as milk and biscuits given during the night and of observations made for example the need to arrange for an eye drop review by a GP. We checked how records were maintained of the contact people had with other services. We saw this was recorded and any recommendations and guidance from healthcare professionals was included in people's care plans.

We saw a programme of activities offered to people. Social interests had been recorded in people's care plans. People told us they were satisfied with the activities provided in the home and enjoyed organised events. They had enjoyed the Christmas celebrations and told us they celebrated birthdays. We discussed personal choices for activities with several people in the lounge area. They commented, "I get plenty of visitors. It can be quiet but I love reading." "I have newspapers delivered." We saw activities formed part of the 'resident meeting' agenda and suggestions for activities were made such as bingo, card games, films, audio books, make up days and hairdressing. Other activities included fund raising, Wi-Fi, meals out and bird feeders. We saw people could if they wished, support staff to feed the hens and ducks weather permitting and take part in gardening.

Relatives we spoke with told us there was no restriction on visiting their relative. They were made to feel welcome and were actively involved in planning their relatives care. One relative said, "They always let me know how she is. I think the staff are very good like that. We sit quietly together and when the drinks trolley comes around, I get a drink too." Another relative told us, "I can speak to any of the staff at any time. They always make me feel welcome when I visit."

We saw that people were supported to follow their faith and this was respected by staff. Gender issues were also considered and we saw comments written in people's lifestyle profile such as, visits to the hairdresser and for daily personal care.

We looked at how the service managed complaints. The service had a policy and procedure for dealing with any complaints or concerns, which included the relevant time scales. We looked at the complaints records and noted there had been two formal complaints received. These had been dealt with appropriately and actions taken to ensure issues raised were addressed immediately.

People told us they would feel confident talking to a member of staff or the registered manager if they had a concern or wished to raise a complaint. One person told us, "We've nothing to complain about. I think it's lovely here. I feel I'm being cared for properly." "The staff are marvellous and I would say something if I wasn't happy. So far so good."

Relatives we spoke with told us they would make a complaint if ever they felt they needed to and expressed confidence the registered manager would deal with their concerns immediately. The registered manager told us resident and relatives meetings were held and people were encouraged to raise issues then. Staff confirmed they knew what action to take should someone in their care or a relative approach them with a complaint.

Is the service well-led?

Our findings

People, relatives, staff and a healthcare professional we spoke with told us they were very satisfied with the management arrangements. One person told us, "[Registered manager] is a very good manager, you couldn't ask for any more than that. I think it is a really good service and very well run. The staff are exceptional." And another person said, "I'm happy enough here. [Registered manager] is lovely and caring and doesn't take any nonsense, all the staff have to do their best. I admire that. The staff are lovely people and I'm very content with how things are."

We looked at the results of the latest quality monitoring questionnaire people and or their relatives had completed. This showed an overall high satisfaction with the staff, management and environment. People had commented, "Always on the ball, million percent". "I would recommend the Laurels to anyone who needed to go into a care home. The Laurels would be first and only choice –p.s. 'Top of the league'."

There was a registered manager in post who had been registered with the Commission for The Laurels Care and Nursing Home in January 2016. The registered manager had responsibility for the day to day operation of the service and was supported in her role by a deputy manager. An area manager/compliance officer visited the home on a regular basis to provide support and guidance. We saw records of these visits that showed the views of people using the service and their relatives were sought and there was clear oversight on the service delivery.

Throughout all our discussions with the registered manager it was clear she had a very good understanding of her role and responsibility and demonstrated good organisational skills. Her commitment to develop the service had continued since our last inspection. New systems of working that had been introduced were being used effectively and staff were delegated more responsibility in their work. The deputy manager had clinical oversight and took responsibility of ensuring trained nurses were up to date with their registration and Continuing Professional Development (CPD) with training relevant to their work.

Quality assurance and auditing processes introduced had been effective and were identifying more easily and effectively any shortfalls in practice. We saw copies of the completed audits during the visit. We found the standard of organisation of documents was very good and the registered manager was able to produce the relevant information we requested immediately. These audits included checks in key areas of care delivery such as medication, infection control, health and safety, staff training records, care plans, the environment and catering requirements. Where shortfalls had been identified prompt action had been taken demonstrating the results of audits helped reduce the risks to people and helped the service to continuously improve. There was also evidence good working relationships were very well established with partner agencies in health and social care.

Throughout all our discussions with the registered manager, it was very clear she had achieved a good standard of organisational management within the home. It was also clear staff were being held accountable for their practice and they were receiving training and regular supervision to support them in their role. They had been provided with job descriptions, a staff handbook, employment policies and

procedures and contracts of employment which outlined their roles, responsibilities and duty of care. New systems of working that had been introduced were working well.

Staff we spoke with commented on the management and leadership within the service. Comments included, "It's really good working here. We all know what we are doing and what is expected of us." "We have a good team spirit here. We work well together and we know what we have to do. We can go to [registered manager] any time for advice or if we have a problem." "I'm supported very well. [Registered manager] lets us know if we need to improve and I feel appreciated for a job well done."

There were regular meetings being held for staff and we were shown the minutes of the last meeting for care staff and nursing staff. The agenda included, daily reports and handover information, infection control, adult protection, communication, paperwork, confidentiality, and training.