

Trust Care Ltd

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 7 November 2018 and was unannounced. This was the first inspection since a change in registration in November 2017.

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

The Laurels provides accommodation for up to 50 people. The home consists of two separate units. The service provides accommodation for people who require personal care, with nursing. The home is located in Norton, a village north of Doncaster. At the time of our inspection there were 49 people using the service.

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

People were safeguarded against the risk of abuse. Staff confirmed they had received training in the subject and knew what action to take if they suspected abuse.

Risks associated with people's care were identified and managed appropriately. Risk assessments were in place to guide staff in ensuring risks were minimised.

We observed staff interacting with people and found there were enough staff available to meet people's needs. The registered provider followed robust recruitment procedures which ensured staff were recruited in a safe way.

People's medicines were managed safely and people received their medicines as prescribed.

Staff had the skills and knowledge to deliver effective care. People were supported to maintain a healthy, balanced diet which met their needs and preferences. People had access to healthcare professionals and their advice was followed.

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. The service was compliant with the Mental Capacity Act 2005.

During our inspection we found staff interacted positively with people who used the service. Staff were kind and caring in their manner, knew people well and provided a homely atmosphere.

We looked at care records belonging to people who used the service and found evidence that staff were responsive to people's needs.

Social activities and stimulation was available throughout the day of the inspection. This was varied to meet people's preferences, choices and needs. We observed people enjoyed participating.

The registered provider had a complaints procedure and people we spoke with felt able to raise concerns if they needed to. Complaints received had been followed up effectively and used to develop the service.

The registered provider had systems in place to monitor the quality of the service. Residents and relative's meetings took place and people felt they had a voice.

Further information is in the detailed findings below.

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 were safeguarded against possible abuse. Risks associated with people's care and treatment were identified and managed safely. People received their medicines as prescribed.

Accident and incident analysis had taken place and there was evidence actions were taken to reduce risks.

There were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service was effective.

The registered provider ensured that staff received appropriate training and support to carry out their role.

People's needs and choices were assessed and care and treatment was delivered in line with current legislation and standards. People had access to healthcare professionals when required.

People received support to maintain a balanced diet. Meals provided were nutritious and looked appetising.

Is the service caring?

Good ●

The service was caring.

We spent time observing staff interacting with people and found they were kind, caring and compassionate.

Information about people was kept confidentially.

We saw staff respected people's privacy and dignity when offering support.

Is the service responsive?

Good ●

The service was responsive.

We found people received care that was responsive to their needs.

A varied programme of social activity and stimulation was available.

All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with the staff team.

Is the service well-led?

Good ●

The service was well led.

Audits were in place to ensure the service was operating in line with the registered provider's expected standards. Audits identified areas of improvement which were dealt with.

The registered manager held meetings with people who used the service and their relatives to offer a forum where discussions could take place.

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 7 November 2018 and was unannounced. The inspection was carried out by one 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 service.

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the registered provider to submit 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 plan to make. We also spoke with other professionals supporting people at the service, to gain further information about the service.

We spoke with eleven people who used the service and two relatives of people living at the home. We spent time observing staff interacting with people.

We spoke with staff including nurses, care workers, senior care workers, catering staff, activity co-ordinators, the unit manager, the deputy manager and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at people's care and support records, including the plans of their care. We saw the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

Is the service safe?

Our findings

All people we spoke with told us the service was safe. One person said, "I feel safe here, we are all well looked after. Staff get us up in the morning, get us washed and dressed." Another person said, "Very safe here, staff are lovely." Another person commented when asked if they felt safe, "Oh aye, staff are nice, very kind to me. It's alright here, I feel quite safe."

Relatives we spoke with also told us they felt everyone living at The Laurels were safe. One relative said, "[Relatives name] is very safe here. We knew about The Laurels. We live locally it has a good reputation."

People were safeguarded from the risk of abuse. Safeguarding training was completed as part of the induction package. Concerns were reported when required and appropriate actions had been taken. Staff we spoke with knew what action to take if they suspected abuse. One staff member said, "I would not hesitate to report a concern, I know how important it is."

Risks associated with people's care had been identified and risk assessments were in place to ensure they were effectively managed. For example, people who were at risk of developing pressure sores, had been assessed and measures were in place to manage the risk including specialist equipment.

Accidents and incidents were monitored and trends and patterns were identified. This showed the registered provider learned from incidents and addressed concerns to ensure people were safe.

People's care records contained a personal emergency evacuation plan (PEEP) to ensure people were appropriately supported in an emergency. The PEEP set out specific physical and communication requirements that each person required to ensure that they could be safely evacuated from the service in the event of an emergency.

Our observations during the day saw staff were available when people required assistance and we saw staff at all times in communal areas. However, we identified that all domestic staff worked in the mornings. Therefore from 2pm until the following morning each day there were no domestic staff. There were adequate domestic staff to maintain the home to a clean standard but staff felt the hours could be better deployed throughout the day. We discussed this with the registered manager, who agreed this could be improved and told us this would be reviewed and they would look at deploying staff to ensure some domestic hours were in the evenings.

The registered manager used a dependency tool to ensure enough staff were scheduled to work. This was based on the high, medium and low dependency needs of people and was reviewed regularly. Although the dependency tool was followed staff told us they had very recently raised concerns with the registered manager regarding staffing numbers in the afternoons. Staff told us they were meeting people's needs, but it was very busy and at times and struggled to meet people's needs in a timely way with the staff on duty. The staff told us the registered manager liaised with the provider, who immediately agreed to increase the staffing numbers. This showed the registered provider was responsive to ensure people's needs were met.

We spoke with people who used the service and their relatives they all told us they felt there were enough staff. One person said, "It is always the same staff, they are very good." Another person said, "The staff are always there when you need them."

The registered provider had a recruitment policy which assisted them in the safe recruitment of staff. This included obtaining pre-employment checks prior to people commencing employment. These included references from previous employers, and a satisfactory Disclosure and Barring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. We looked at two staff recruitment files and found they contained all the relevant checks. Staff told us that they completed an induction when they commenced work for the registered provider. This included training and shadow shifts with experienced staff.

We looked at the systems in place for managing people's medicines. This included the storage, handling and stock of medicines and medication administration records (MARs) for people. Medication procedures were in place to guide staff and ensure safe medication was administered safely. We saw procedures were followed by staff to ensure people received their medication as prescribed.

Temperatures were monitored and recorded for medication storage, to ensure medicines were stored at safe temperatures. However, the temperature in the medicine storage room had been higher than the recommended maximum. The registered provider had already identified this and had air conditioning units ordered to be installed in the two clinical rooms. They confirmed in writing that this was to take place during November 2018.

People were protected by the prevention and control of infection. The service had an infection control lead and the service was clean and predominantly well maintained. We identified some store rooms and sluice rooms required some work to ensure surfaces and floors were able to be effectively cleaned. The registered provider confirmed in writing that these had been identified and action was taking place.

Is the service effective?

Our findings

People we spoke with all told us they were very happy with the care and support they received. Staff we spoke with felt supported to carry out their role and told us they received regular training and supervision sessions. The registered manager kept records of training completed and required. We observed staff interacting with people and saw they knew people well and were knowledgeable about how to meet their needs in line with their preferences.

People confirmed that staff understood their needs. One person said, "Staff are well trained, they know what they are doing." Another person said, "Staff are definitely well trained, they treat everyone the same."

We observed the mid-day meal. The dining room was well laid, tables were nicely laid with condiments, cutlery, milk, sugar and serviettes. The food served was appetising, we saw people had choices and chose what they wanted to eat. For example, one person was served chips but when it was taken to them they changed their mind and asked for mashed potatoes, staff immediately changed the meal.

The atmosphere in the dining room was relaxed, people chatted amongst themselves and with staff, some were discussing current affairs. People were enjoying each other's company. Everyone ate at their own pace and left the dining room when they wanted to. Staff offered assistance when required and this was done discreetly and sensitively.

Most people we spoke with told us the food was good and they enjoyed the meals. One person said, "The food is good, plenty to eat, they will always make me a sandwich if I want." Another person said, "Food is not extravagant, but you get plenty and it is nice."

Some people were served their meal in their room, they told us this was their preference. However, some of these people commented that at times they waited a while for their meals and on occasions they could be cold. They told us they had not raised this with staff. We therefore discussed this with the registered manager who agreed to discuss this with people immediately to see how this could be improved.

We observed snacks and drinks were available throughout the day. People told us they could ask for a drink at any time. People also told us there was plenty of fruit. One person said, "Food is always good, plenty of fresh fruit and vegetables, never been served a meal I couldn't eat."

We spoke with the cook who was knowledgeable on people's likes, dislikes and specialist diets. Staff were also aware of allergies and the need to take precautions if people had any allergies.

The Mental Capacity Act 2005 (MCA) 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 people lack mental capacity to take 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found the principles of the MCA and DoL'S were being followed. Care records contained information in relation to authorised DoL'S and people's mental capacity, and decisions made on behalf of people who lacked capacity had been considered in the person's best interest.

People were supported to live healthy lives and have access to healthcare services. We looked at care records and found that people had access to healthcare professionals when required. People told us they regularly saw their GP. The surgery held a surgery each week in the home, this ensured people's health care needs were met.

The design and décor of the premises was well maintained and there were many sitting areas for people to choose from. These were all decorated and designed differently to accommodate people's preferences. Each unit had access to a garden area which was equipped with garden furniture. The new registered providers had improved the environment since they had taken over in November 2017.

Is the service caring?

Our findings

Everyone we spoke with told us the staff were kind, caring and considerate. One person told us, "The staff listen to me, any problems they sort out for me. I am comfortable here." Another person said, "The staff treat everyone the same. They really care. I cannot recommend this place highly enough."

Relatives we spoke with also praised the staff. One said, "From what I have seen they [the staff] are very mindful of maintaining people's dignity when providing personal care. I always see staff helping people in a very kind way."

Relatives we spoke with told us their relative was well looked after. One relative said, "Staff are lovely they can't do enough." Another relative said, "Staff are caring and very kind."

Care was very person-centred. We observed people living at The Laurels were consistently well care for and looked after. People were supported to wear, spectacles, hearing aids and false teeth. Everyone was well presented, with clean manicured nails, clean shaven and appropriately dressed. People wore colour co-ordinated outfits, items of jewellery and watches. Everyone wore well fitted shoes or slippers with socks or tights.

Staff demonstrated a good knowledge of people's personalities and individual needs and what was important to them. When we spoke with staff and members of the management team, they explained that care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief and sexuality.

We spent time observing staff interacting with people who used the service and found they shared lots of appropriate banter. People were supported in a friendly environment where staff were kind, considerate and helpful.

People were supported to express their views and be actively involved in making decisions about their care. Where people lacked capacity to make decisions and when required the staff told us that they would use independent advocates. People and their relatives told us they were involved in their care plans and felt their preferences were respected. People's records included a life history, which helped staff understand people's preferences. These included, family life, friends, interests and hobbies and working life.

We observed staff maintaining people's privacy and dignity. We saw staff knocked on bedroom and bathroom doors prior to opening them. We also saw staff talking quietly with people so the conversation remained private.

Staff we spoke with were dedicated in providing a caring environment where people were at the heart of the service. Staff were very passionate about ensuring people received good quality care and had a good quality

of life. One staff member said, "I look after people as if it was my relative."

Is the service responsive?

Our findings

People we spoke with were very happy with the care and support they received. They all told us staff were responsive to their needs. One person said, "This place is 100%, if you need help they [the staff] are here to help you." Another person said, "Staff are very good, really helpful."

People received personalised care which was responsive to their individual needs and preferences. People told us they were involved in their care plans and felt the staff met their needs. We looked at care plans belonging to people and found they were comprehensive and contained information which was required to meet their needs effectively. The registered provider had introduced an electronic care planning system. Staff were in the process of transferring people's records onto the system. We looked at a selection of plans some were on the electronic system and others were still in paper format.

All plans we looked at were detailed and were a working document to guide staff in how best to support people. For example, one person had a care plan regarding moving and handling. Their needs had changed and the plan stated that a hoist was used for moving and handling. It further explained the type and size of sling and the correct loop configuration. This ensured staff were fully aware of people's changing needs and the correct procedure to follow to ensure the person's safety.

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People's communication needs were assessed during their pre-admission assessment process and plans put in place to ensure staff could communicate with them as effectively as possible.

The deputy manager was an end of life champion and was responsible for leading and guiding staff, when people were at the end of their life. The service provided care for people who were at the end of their life. We saw detailed care plans were in place that documented people's choices and preferences for their care and wishes at the end of their life. This ensured these were followed by staff. The plans also showed how to manage the person's pain and ensure they were pain free and comfortable. Staff we spoke with were very passionate about ensuring people at the end of life were supported to maintain the best possible quality of life to the end, involving family and loved ones. We saw one family being supported by staff during our inspection whose relative had passed away. The staff were sensitive, compassionate and extremely caring.

The registered provider employed an activity co-ordinator who worked Monday to Friday. We spoke with people who used the service and their relatives and people were complimentary about the range of activities available. The activities included; baking, quizzes and games.

We spoke with the activity coordinator they were enthusiastic about providing appropriate activities for people. They said, "Norton is a fantastic village for community support. Some people living at The Laurels attend the monthly 'sing-a-long' held across the road in the community centre."

There was a weekly coffee morning for all relatives and local community to come along, the money raised from this subsidised the activity fund. The service promoted contact with the local community as most people who lived at The Laurels were from the village or surrounding area. A Christmas concert had been arranged performed by the children from Norton Primary School. A Christmas meal was booked at the local pub and as many people as possible who lived at The Laurels were to attend.

The activity coordinator had also set up a new group, 'Knit and Natter'. A number of people met every Tuesday to knit squares, the plan was to knit enough to make a blanket. People told us, "You don't have to knit to attend it is an opportunity to have a chat and a good time. [Persons name] attends and they can't knit but still enjoy themselves."

People were encouraged to participate in activities but never pressured to do so, if they didn't want to join in they were asked if they would like to watch. Many people were nursed in their rooms so were unable to join in group activities. However, the activity coordinator who was a qualified beautician ensured they provided one to one sessions for people in their rooms. The activities included, manicures, pedicures, hand massage, aroma therapy and arm massage.

There were also many activities in the community. One person said, "We go out on special occasions. I went to the Deep (an aquarium in Hull) and a donkey sanctuary, which I enjoyed." Another person said, "The activities lady is good, they produce a newsletter, this tells us what is going on."

The registered provider had a complaints procedure in place and people felt able to chat to staff if they were concerned about anything. One person said, "If I wasn't satisfied with something I would just tell the staff, but I have no complaints."

Is the service well-led?

Our findings

The management team consisted of the registered manager, deputy manager/clinical lead, a unit manager and senior care workers. Members of the management team lead the service well and this promoted the delivery of good quality, person centred care. The management team led by example and staff told us that they felt supported by them.

We spoke with people and their relatives about the leadership and management of the home. People responded saying, "The home is well run, the new owners are very nice, done a lot for us." Another person said, "The new owners have certainly improved things, it is well managed."

Audits were in place to ensure the service was working to the registered providers expected standards. We found the audits were effective and identified areas of improvement. Action plans were then put in place to address the issues and lessons were learned to improve the service. For example, the staff had identified during an observation of the afternoon shift that although the dependency tool was followed, staff were struggling to meet people's needs. The registered provider was informed and increased the staffing numbers to address the issue. This showed the audit process was effective.

In addition to the audits carried out by the registered manager, the regional manager visited frequently and had a good oversight of the home. On these visits the regional manager checked the registered manager's audits to ensure they were completed correctly and that any concerns were actioned appropriately and in a timely manner.

The service worked in partnership with other agencies to ensure people's needs were met and that joined up care was promoted. This included; the palliative care team, the continence team, the tissue viability nurses and the local authority.

People who used the service, their relatives and staff were involved in the service and were asked for their opinions and views. This was through residents and relative meetings. We saw that comments raised were acted upon to enhance and develop the service.

We saw staff meetings took place regularly to ensure staff had the opportunity to discuss issues relevant to their job and the home in general. Staff we spoke with told us they found these meetings useful and felt able to contribute to them.