Mrs M Mitchell

The Laurels

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Laurels is a care home for 11 older people, some of whom lived with dementia. There were 10 people using the service at the time of the inspection. Local amenities and public transport were located near to the home.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good, and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People using the service told us that they felt safe, were happy living in the home and satisfied with the care and support that they received from staff.

Staff were knowledgeable about people's needs and engaged with them in a respectful, sensitive and encouraging manner. Staff had a caring approach to their work and understood the importance of treating people with dignity, protecting their privacy and respecting people's differences and human rights.

People's care plans were personalised. They included details about people's, background, individual needs and preferences. Care plans included guidance for staff to follow to ensure that people received the care and support that they needed in the way they wanted.

People had the opportunity to take part in a range of activities that met their preferences, interests and needs.

Appropriate staff recruitment procedures were in place so that only suitable staff were employed. Staffing levels and skill mix were flexible and ensured that people always received the assistance and care they needed.

Staff received the training and support that they required to carry out their roles and responsibilities in meeting people's individual needs and supporting their independence.

People's medicines were stored and managed safely. Staff had received training in the safe administration of medicines.

People were supported to access the healthcare services they needed. The provider liaised closely with healthcare and social care professionals to ensure that people's health, medical and care needs were met.

People's dietary needs and preferences were accommodated by the service. People spoke highly about the meals.

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.

People and their relatives knew how to raise a complaint. They told us that they were confident that the provider would listen to them and address appropriately any concern that they raised.

Systems were in place to monitor and improve the service provided to people.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 was a comprehensive inspection carried out by one inspector. It took place on 26 November 2018 and was unannounced.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return (PIR) which the provider had completed before the inspection. The PIR 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 discussed the PIR with the provider during the inspection.

During the inspection we observed engagement between staff and people using the service. We spoke with seven people using the service, two people's relatives, five care staff and the provider, Following the inspection, we spoke with four people's relatives and received feedback from three healthcare professionals.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, four staff records, audits and some policies and procedures.

Good

Is the service safe?

Our findings

People using the service told us that they felt safe living in the home. A person's relative told us, "[Person] is very safe. I have peace of mind."

The service had a safeguarding adults' policy to protect people and keep them safe. Care staff had a good understanding of different types of abuse. They knew they needed to report any concerns to the provider, and told us they would contact the host local authority safeguarding team and the Care Quality Commission (CQC) if no action was taken.

The service had a whistleblowing policy. Staff told us that they would promptly inform the provider if they had any concerns about poor practice from staff or any other concerns to do with the service.

Accidents and incidents were recorded and managed appropriately. Action had been taken to minimise the risks of incidents reoccurring.

Risks to people's safety were assessed and managed to minimise the risk of them being harmed. Staff were knowledgeable about risks and how to keep people safe. During the inspection staff used moving and handling equipment safely.

Staff records showed that appropriate recruitment and criminal record checks had been carried out so only suitable care staff were employed by the service.

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people were safe and received the care and support that they needed. Staffing was flexible to ensure people's needs were always met. On the day of the inspection arrangements had been made for an extra member of staff to be on duty to help ensure people received the care and assistance they needed during the disruption caused by new carpets being laid in communal areas. During the inspection people were supported by staff in a calm and unhurried way. Staff had time to chat with people and to support them with a range of activities.

Arrangements were in place to manage, store and administer medicines safely. People's medicine administration records (MAR) showed that people had received their medicines as prescribed. Staff had received medicines training and records showed that their competency to administer people's medicines had been assessed by the provider. The provider told us that they would commence a system to regularly recheck staff's competency to administer people's medicines. People's prescribed medicines were regularly reviewed by a doctor. A recent audit carried out by a pharmacist found no concerns to do with the storage and management of people's medicines.

Regular safety checks were carried out to ensure people, staff and visitors were safe. These included checks and servicing of electrical and gas and fire safety appliances and checks of the safety of the environment.

The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were carried out. Each person had a personal emergency evacuation plan (PEEP). These were detailed and included information about the support people would need if the building had to be evacuated in an emergency.

People were cared for in a clean environment. The cleanliness of the service was monitored by the provider. Protective clothing including disposable gloves were used by staff when they undertook personal care tasks, so there was minimal risk of cross infection. Information about good hand hygiene in picture format, was accessible to people using the service, visitors and staff. A food hygiene check carried out by the Food Standards Agency in November 2017 had rated the service as very good.

Good

Is the service effective?

Our findings

People using the service and their relatives spoke positively about the service. Comments from people using the service included, "They [staff] look after me very well" and "They [staff] know what they are doing."

People's relatives told us, "They [staff] manage [person] very well. They understand [person]," "Staff are great," "I cannot tell you how phenomenal they [staff] are," and "[Person] is well looked after."

Care staff told us they had completed an induction when they first started work. The induction had included learning about the organisation and 'shadowing' staff to get to know people's needs and about how to care for them safely. Care staff also completed the Care Certificate induction standards. These are a set of standards that are the benchmark for the induction of new healthcare and social care workers, which care staff should abide by in their daily working life when providing care and support to people. Care staff told us that their induction had been helpful in gaining knowledge about their role and responsibilities.

Care staff had completed a range of training in topics relevant to their roles and people's individual needs. Training specific to people's individual needs included dementia awareness, diabetes, falls training and pressure area care. Care staff told us that they received the training they needed, and requests for specific training were supported and accommodated by the provider. Care staff were also supported by the provider to achieve vocational qualifications in health and social care.

Care staff told us they felt very well supported by the provider, who was always available for advice and support. They told us that they had on-going day to day supervision and one to one meetings with the provider, where people's needs, and other areas of the service were discussed. Records showed that staff supervision sessions had included discussions and learning about nutrition and good personal care practice. Staff received regular appraisal of their performance and development.

People's healthcare needs were understood and supported by the service. The provider liaised with healthcare professionals, and supported people to access care and treatment from chiropodists, opticians and dentists. Records showed that the provider had promptly contacted people's GPs when people were unwell. The service also supported people to attend hospital appointments. A person's relative spoke very highly of the provider's support in making sure that the person's healthcare needs were met. They told us that the provider went, "Beyond the call of duty." Healthcare professionals provided positive feedback about the service and of the provider's engagement with them.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

Staff received training on the principles of the Mental Capacity Act (MCA) 2005. People's capacity to make decisions was assessed and care staff knew that people's capacity to make decisions about their care and treatment could change. They told us they would report to the provider any concerns to do changes in a

person's ability to make decisions and/or consent to care. People using the service told us that they were listened to and fully involved in all decisions about their care.

People's care plans included information about people's nutritional needs and details of the support they needed with meals and drinks. People using the service and their relatives spoke highly about the meals. They told us that people's dietary needs and preferences were met by the service. A person using the service told us that the food was good and they were provided with a choice of meals. During the inspection staff asked people what they wanted to eat and drink, and people's individual preferences were accommodated.

The environment of the home met people's needs. It was well maintained and redecoration of some communal areas and people's bedrooms had recently been completed. People were supported to access items of furniture that met their individual needs. A person had recently received a recliner chair. People's bedrooms were personalised and included items of furniture brought from home. A person using the service told us, "I like my room."

Good

Is the service caring?

Our findings

People using the service told us that staff were kind and respected their privacy. They told us, "They [staff] are all very kind," "They [staff] are very good to me. I can choose what I want," and "Staff are very friendly."

People's relatives also spoke highly about the staff, they told us, "They [staff] are angels in disguise. We can't speak highly enough of them," "They [staff] are wonderful," "They treat everyone as individuals," and "They support [person] in a dignified way."

Care staff knew people well. They knew about people's background and interests. Care staff told us that they got to know about people's needs from speaking with them, talking with people's relatives and from discussing people's needs with the provider and the staff team.

We saw staff engaging with people in a friendly and kind way. Staff spoke about the importance of respecting people's dignity and privacy, and were aware that people and their relatives at times needed emotional support. A person's relative spoke about the considerable support that they had received from the provider.

A care worker told us about being "proud" to be a dignity champion. They spoke of activities that had been carried out, which supported and promoted people's dignity. These included the creation of a 'dignity tree' that displayed people's views about how their dignity should be respected. A healthcare professional spoke positively about the "atmosphere in the home," and told us that the provider and care staff always treated them and people using the service with respect. A person's relative told us, "They [staff] support [person] in a dignified way."

Staff told us they supported people's independence by encouraging people to do as much as they could for themselves but assisting them when needed. Some people participated in completing household tasks such as folding items of laundry. A person using the service told us that they received the help that they needed from staff, but also tried to do as much as they could independently. They said, "I want to be independent, I don't want everything done for me."

Records showed that staff had completed training in equality, diversity and human rights. Staff we spoke with had a good understanding the importance of respecting people's differences. They told us, "Don't discriminate, be respectful of everyone" and "Treat everyone equally and don't let people feel left out."

People's religious needs were supported by the service. A person's relative told us the service understood the importance religion was to the person, and of staff respecting the person's "core beliefs." People told us that they chose when they got up. This was confirmed during the inspection. A person using the service told us, "I chose when I go to bed. I go early, I like that." Another person using the service told us, "I choose what to wear."

We discussed with the provider how they ensured that information was accessible to people using the

service, including those who had hearing and/or sight sensory needs. The provider told us that they always did their best to ensure information was as accessible as possible to people using the service. One person used a pen and note pad to assist with their communication. Electronic devices, such as tablets were used by staff to support people's communication needs and well-being. One electronic device instantly played songs, when requested by people using the service.

Good

Is the service responsive?

Our findings

People told us that they were involved in decisions about their care and that the care they received met their preferences and individual needs. A person using the service told us, "I am very comfortable here. They ask me what I would like."

People's relatives spoke in a positive way about the care that people received and told us they were consulted about people's care and kept well informed about changes in people's needs.

An assessment of each person's needs was carried out before they were admitted to the home to determine if the service could meet their requirements and wishes. People using the service and their relatives confirmed that they participated fully in the assessment process.

People's care plans were developed from the initial assessment. The care plans were personalised and regularly reviewed with people using the service and when applicable people's relatives. People's care plans identified where people needed support and included guidance for staff to follow so that they provided people with the care and support that they needed. A healthcare professional told us that the provider had been responsive in engaging with them and other healthcare professionals to ensure that people's needs were met. Another healthcare professional told us that the provider and care staff listened to their advice and followed any recommendations that they made.

Staff told us that they received up to date information about people's needs and welfare. They informed us that each shift they received a 'handover' where each person's progress was discussed with staff. During each shift staff completed care records that detailed the care that each person had received and information about their current needs. Staff told us that the provider was always available to discuss people's needs with them and provide advice when needed.

People were supported to take part in a variety of activities within the home and community to minimise the risk of social isolation. People told us about the activities that they enjoyed and confirmed that the service had supported them to continue them when they moved into the home. A person using the service showed us a model that they were in the process of designing and making, another person spoke of their enjoyment of reading. During the inspection people participated in a singing/music session and a quiz. People showed from their actions, facial expressions and gestures that they thoroughly enjoyed those activities. One person living with dementia responded in a very positive and expressive manner when they heard songs chosen by people using the service, being played.

The service had links with local schools. School children visited the service, and people using the service were invited to events held at their schools.

The service had a complaints policy and procedure for responding to and managing complaints. People using the service told us that they would speak with the provider if they had a complaint. There were opportunities for people to raise concerns and/or complaints during residents' meetings and day to day

interaction with staff. Staff knew they needed to take all complaints seriously and report them to the provider. In the last twelve months, no complaints had been recorded.

The service had provided end of life care. The provider liaised closely with a hospice and community healthcare professionals to ensure people received the care and support that they needed at the end of their life. The provider and another member of staff had recently received end of life care training provided by a local hospice. The provider told us about their plans to develop and improve end of life care, including implementing a model for recognition of people's deterioration. The provider told us that other members of staff would have the opportunity to complete end of life training soon.

Good

Is the service well-led?

Our findings

People using the service and their relatives spoke very highly about the service and of the way it was managed and run. Comments from people using the service included, "[The provider] is a lovely lady. They [staff] look after us well" and "You won't find a better place."

People's relatives commented, "It's (the service) has been brilliant. I would put my name down to come here" and "I am certainly happy. I would recommend it."

The care home is owned and managed by Mrs Mitchell. There is no requirement for a separate registered manager for this location. Staff told us that the provider was very supportive and communicated effectively with them about people's care needs. The provider delivered 'hands on' care and supported people with activities, appointments and other aspects of the service when needed. Staff told us that they enjoyed their job and that staff worked well as a team, so people received the care and support they needed.

The service had systems in place to assess, monitor and improve the quality of care in the home. A range of audits and checks were in place to monitor the safety of the premises, medicines, room temperature, cleanliness, fire safety, window restrictors and hot water checks. When these measures identified shortfalls, action had been taken to address them and to make improvements when needed. We found that there were some gaps in the recording of people's 'daily' care records. Following the inspection, the provider informed us that she had reminded staff about the importance of good record keeping and would monitor records more closely.

Records showed that the provider had acted to address some shortfalls found during a quality monitoring check carried out by the host local authority.

The provider spoke of the development and improvement of the service, which included replacing communal carpets throughout the service. They told us that they would look at completing a written service annual development plan, which would include details of future goals, improvements, and plans for the progression and development of the service.

The provider told us about how they ensured that they kept up to date with current best practice and changes and developments in relevant legislation. They informed us that they ensured that they completed a range of training to develop their knowledge and skills. They spoke of working closely with healthcare and social care professionals and of their attendance of a range of relevant development events arranged by the host local authority. A healthcare professional told us that the provider always fully engaged in a positive manner with training and development.

A range of records including people's records, visitor's book, and feedback forms showed that the organisation had a culture of openness and communicated well with people and those involved in their care. A healthcare professional provided positive feedback about the service and told us that they would award the service "10 out of 10."

All the staff whom we spoke with told us that they were kept well informed about any changes to do with the service and felt comfortable raising any issues. They confirmed that they were always listened to by the provider and their views respected. The provider was aware of their responsibilities in ensuring the CQC and other agencies including local authorities were made aware of incidents, which affected the safety and welfare of people who used the service.

Records showed that people were provided with opportunities to provide feedback about the quality of the service that they received. Minutes of resident's meetings and feedback from surveys showed that the provider had responded to people's feedback, by adding more of people's food preferences to the menu and more choices during the evening meal.

The service had good links with the local community. They supported people to access community facilities and amenities. The service had contact with local schools and attend events held at a local park.