

Mrs Jillian Amy Desperles

The Laurels

Inspection report

The Green
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Tel: 01789262547

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 12 April 2016 and was announced.

The Laurels is the registered provider's family home which provides accommodation, personal care and support for up to three people, with physical and / or learning disabilities. At the time of the inspection two people lived at the home. Both people had lived at the home for a considerable time and both they, and people that supported them, treated everyone as a family unit.

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

The provider was also the registered manager and we refer to them as 'registered manager' in the body of this report. Both people living at the home referred to the registered manager by her first name, and one person also called her 'mum' because they have grown up at the home as part of the 'family'. 'Family members' was the name given to staff by people who used the service who provided care and support to both people living at the home. In the report, we refer to them as staff.

Staff knew how to keep people safe from the risk of abuse. Both people told us they felt safe living at The Laurels and felt protected from abuse or poor practice. Both people felt well cared for.

The registered manager and staff assessed risks to people's health and welfare and care plans minimised the identified risks. However, some care plans and risk assessments required improvement to ensure people received consistent support that met people's needs. We were confident staff knew people well and supported them how they wanted.

There were enough staff to meet people's health needs and there was flexibility in staffing levels, to make sure people continued to receive a safe, effective and responsive service from staff.

Both people self-medicated and understood their responsibilities to take their medicines at the required times. People's medicines were managed, stored and administered safely in line with GP and pharmacist prescription instructions.

People were cared for by kind and compassionate staff, who knew their individual preferences for support and their likes and dislikes. Staff understood people's needs and abilities and they updated each other when people's needs had changed. Staff received training that provided them with the skills to support people effectively.

Staff understood their responsibilities to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). No one had a DoLS in place at the time of our inspection because both people had capacity and had no restrictions on their freedom.

People were offered or chose meals that were suitable for their individual dietary needs and met their personal preferences. Staff ensured people obtained advice and support from other health professionals to maintain and improve their physical and mental health.

People felt involved in care planning decisions and told us staff provided the care required. Care was planned to meet people's individual needs and abilities and was provided by staff who knew them well. People were supported to pursue their interests and hobbies and live their lives how they wished, and staff supported people to remain as independent as possible.

The quality monitoring system included reviews of people's care plans and checks on health and safety issues within the home environment. People were continually asked for their views and encouraged to discuss any concerns they had.

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 and the staff and registered manager understood their responsibility to report any observed or suspected abuse. Staff knew how to support people who had been identified at risk and people took their own medicines which were taken in line with their prescription or GP instruction.

Is the service effective?

Good ●

The service was effective.

People were involved in making day to day decisions about their care and support needs and were able to give their consent. People received support from staff that were trained and knowledgeable to meet their individual needs. People were offered meals and drinks that met their dietary needs and were referred to other healthcare professionals as needed.

Is the service caring?

Good ●

The service was caring.

Staff were kind and compassionate towards people and people felt confident asking staff for support. Staff knew people well and respected their privacy and dignity. Staff promoted people's independence, by encouraging them to make their own decisions.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and the registered manager and the staff were responsive to people's needs. People shared various hobbies and interests and were supported to follow these and build relationships and life skills. People were pleased with the service and knew how to make a complaint if needed.

Is the service well-led?

Good ●

The service was well led

People were regularly asked for their feedback about the service. The registered manager had a contingency plan in place for people's care and support in the event they became unwell. The provider had systems to monitor the quality of the service provided to people.

The Laurels

Detailed findings

Background to this inspection

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

This inspection took place on 12 April 2016. The provider was given 48 hours' notice because the location is a small family home and we needed to be sure that someone would be available to spend time with us. The inspection was carried out by one inspector.

This home is required to send us 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. This inspection was completed before the provider had an opportunity to complete this. During this inspection, we asked the registered manager and staff to provide us with information that showed us how they managed the service. We also asked for evidence to show what they were proud of, and what improvements they had identified and when they planned to address them.

We reviewed the information we held about the service. We looked at information received from other agencies involved in people's care. We also looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We spent time observing the care people received from staff whilst they were at the home, although both people went out for some time during our visit.

We spoke with two people who lived at The Laurels. We spoke with two 'family members' who supported people at the home (in the report we refer to them as staff) and the registered manager, who was also the registered provider. In the report we refer to them as registered manager. We looked at two people's care records and other documentation related to people's care including quality assurance checks, management of medicines, complaints and health and safety records.

Is the service safe?

Our findings

Both people told us they felt safe living at The Laurels and said they received the care and support they needed. They both felt safe and agreed, "It was one big happy family." Although both people were unable to tell us what exactly made them feel safe, one person said when they were away from the home and due to return back, they said, "I know I am coming home to a safe place."

Staff were able to describe how they protected people from, and recognised indicators for abuse. Staff described how their knowledge of people meant they could identify changes in behaviour that could be an indication of abuse or a concern. One staff member said, "[Person] has a sort of 'face', or a stony look, we know something is not right." They said they would, "Speak with them, sit them down and ask them what was wrong, or what had caused them to be upset." Staff said if one staff member was unable to identify the concern, another staff member or the registered manager would speak with them. One staff member said, "This usually works, and works well, we get to the bottom of it."

We asked the question that staff were considered as family members and if allegations of inappropriate behaviour were identified, would these be addressed. From their answers, we were confident the right action would be taken. One staff member said, "We know what to do, we would not brush it under the carpet." We gave staff various scenarios involving abusive behaviour and asked how they would respond. A typical response was, "I would report it to you (CQC) or the police if we had to." Staff told us they had the information they needed to report safeguarding concerns. A local safeguarding policy detailed contact numbers for staff should they be required.

Both people felt there was always enough staff to ask for any help or support, however both people said they usually went out for the day, so it was not an issue. One person said if they wanted to speak with someone, "There was always someone here." Both people said they were very independent and could do most things for themselves and only asked for support, when needed, which they received.

Both staff said providing the support to people was, "Never an issue." They said that each staff member provided times and days for cover, and if someone was not available, other family members could support, or others would reschedule their own diaries so staff were always available. We were told the registered manager was always available, plus one other staff member and other family members could be called upon urgently.

The provider's system for managing risks included assessments of people's individual risks. For example, self-medicating, self-harm and communication. These assessments described the actions staff should take to support people safely. In both care plans we looked at where risks were identified, people's care plans described how staff should minimise the identified risks. However, further information would be useful to ensure consistency. The registered manager agreed they would improve the information. For example, one care plan described a person 'needed support to ensure individual living skills were optimised' but it did not explain how this was to be achieved. Staff recognised care plans needed additional information. From speaking with staff, it was clear there were extremely knowledgeable about people, their known risks and

how to support them safely.

There were no incidents or accidents at the home that needed reporting. One staff member said they would record incidents and accidents in people's individual diaries and take any necessary action or intervention. If incidents resulted in injuries, staff would seek any medical help and support.

Staff constantly promoted people's independence. For example, both people self-medicated and collected their own medicines from the pharmacy. Both people told us they always took their medicine and understood how their medicines supported their health and wellbeing. There were risk assessments to show potential risks and staff were confident people took their medicines as described. People told us they kept their own medicines safe in their own rooms and took them as required. However, we found staff did not record stock balances of medicines which made it difficult to determine if people had taken them or not, or whether stocks of medicines were being stored in the person's room. One staff member said they could not be sure that people had taken them, so agreed to implement regular medicine stock checks, which would reduce potential risks to people.

The provider had plans to ensure people were kept safe in the event of emergency or unforeseen situations. Fire emergency equipment was checked regularly and the staff knew what action to take in emergency situations. The registered manager had a contract with utility companies that made sure, any urgent repairs or loss of service, would be repaired and investigated with minimal impact to people at the home.

Is the service effective?

Our findings

People told us they were pleased with the support they received from staff and they felt staff had the right skills to care for them. From speaking with people and staff, it was clear they knew each other well. One person said, "It is lovely to live here. Help is here if I need it, they help me with problems." They gave us an example of how staff and the registered manager helped them with a problem that affected them emotionally. They said, "(Registered manager) sat and talked with me, it really helped." This person explained the help they received resolved the issue that caused them distress. Another person said, "We all live as a family." This person said if they received help and support, it was from staff who knew them well.

Staff told us they received the right training to meet the needs of the people they supported. For example, staff were trained in first aid, moving and handling and safeguarding vulnerable adults. Speaking with staff, showed they had the knowledge and skills to effectively support the needs of people they cared for. One of the staff living at the home was a trained nurse. They told us they felt confident they had the skills and experience to support people, especially if their needs changed. They told us they received regular training updates as a practicing nurse which equipped them to deal with any situation.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Mental capacity assessments were not required because both people had capacity to make their own day to day decisions and in more complex areas, such as their care, finances and medical decisions. We found staff followed the principles of the Act when providing people with support and respected the rights of people with capacity to make decisions about their care and treatment. Staff said people were, "Well versed at expressing their views." This meant staff understood the need to let people to make their own choices. One staff member received training in the Mental Capacity Act 2005 (MCA). They told us, if people's capacity changed, it would be reviewed and if required, relevant action taken to protect them. People we spoke with told us staff recognised they wanted to remain independent, which included making their own day to day decisions.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their responsibilities under the legislation. They told us neither people had any restrictions on their freedoms and both people made their own day to day decisions and how they spent their time. People told us they were not restricted, with one person saying, "I have free run of the home" and another person told us, "I am free to come and go as I please."

Staff understood the need for consent and said the registered provider's philosophy was to always provide people with choices. For example, one person told us they did the washing up and some household chores around the home. They told us they wanted to do this, but said staff would say to them, they did not have to do it if they did not want to. One staff member said, "They have freedom and choice to do what they want." They said people can go to bed when they want, get up when they want, do what they want." They went onto say, "We are here for them."

Both people helped themselves to drinks during our visit and said they could make themselves drinks and get food, snacks and meals anytime they wanted. People told us they had a choice of meals and could eat what they wanted. They told us staff did their weekly food shopping (as staff they used their own vehicles) but were always asked what they, 'fancied to eat'. During our visit, staff and the one person who lived at the home who had returned, wanted fish and chips from the local fish shop. Staff asked what they wanted, and went to fetch them. Staff also telephoned the other person living at the home who was out, if they were planning to return and if they wanted fish and chips so they did not miss out.

Although people had a choice of what they wanted, one person we spoke with was receiving support from staff to help lose weight. This person said, "I am on a diet. It is difficult, staff are helping." They went on to say, "Staff help choose me alternatives like jacket potatoes, salads, more healthy items", although on occasions they said they allowed themselves a treat. Staff said they tried to encourage this person to lose weight and said this had helped improve the person's mobility and other health conditions. This person told us they felt better in themselves and wanted to succeed, even though they recognised it was difficult and needed encouragement from staff, which they got.

People told us they made their own healthcare appointments when required. One person said, "I go to the doctor every four weeks." Another person said they saw their doctor if needed and they also made their own appointments. Staff said they supported people to make their appointments if needed and contacted other health care professionals for advice, such as psychiatrists. Staff told us about one example where they had been proactive seeking psychiatric support for one person living at the home.

Is the service caring?

Our findings

It was clear from our visit, people were treated as part of the family and people treated The Laurels as their home. One person said, "(Registered manager) said we are a family." This person explained to us that they, "Did not want to ever live anywhere else", saying they wanted their last days to be spent at The Laurels. They said, "I never want to leave."

People were complimentary about staff who they described as, "Like family, wonderful, kind and caring." For example, both people told us staff and the registered helped them celebrate important events, such as birthdays which they enjoyed and that showed them staff cared about them. One person said, "I had cake" and another said, "I had steak and chips on my birthday. It's my favourite."

We observed staff had a good rapport with people which encouraged good communication and interaction. People who lived at the home showed confidence and familiarity with staff. Staff spoke to people in respectful, positive ways. Staff asked people their preference before offering them support. Staff used people's preferred names, and spoke with them in a style that met their communication needs. One staff member said about the service, "It is so personal, they get a lot of attention."

People told us they had privacy when they needed it. One person said, "I have my tablet (electronic notebook), my television and my cat in my room." This person showed us their room and we found they had personalised their room to suit their needs and choices regarding decoration and layout.

People were able to express their views and opinions and we asked them if they were involved in their care decisions. Both people said they knew they had a care plan, but because their needs had not changed and they were very independent, they were not involved in what was recorded. Both people said they were happy for the staff to complete these on their behalf. One person said, "I am not fussed what's in it, but I do get involved in discussions." Both people told us they were satisfied with the support they received and any help they required, staff were on hand to provide.

People said staff helped promote their independence and supported them to do things for themselves, such as washing, dressing and making their own day to day choices. One person told us, "I am very independent; I don't need much help, only prompting." They said staff supported them, but only when they needed it.

Staff respected people's privacy and dignity and they understood people's need for personal space. One staff member said, "We treat them respectfully. That's down to the way we speak with them. We have a joke with them, but it is with them, not at them." One staff member gave us an example of respecting their privacy. They said, "We never open their mail and we never talk about them outside of this house." The message that came across from the staff and the registered manager was, "To treat people how we would want to be treated."

We spoke with staff and asked them how they were confident they respected people's choices and supported people in a caring and dignified way. They said, "We keep saying it, but we are a family. It is what

we do." They explained further saying, "We know them, and we are not like other care homes. It's not a job, it is more personal than that and we are very fond of each other." Staff told us they provided informal opportunities anytime of the day or night to talk with people. They said, "We just all talk together, whenever, we don't need to write things down." Staff and people told us this was effective in getting issues or niggles resolved.

People were supported to maintain relationships with people important to them, outside of the family home. Both people enjoyed visiting their friends and immediate family. Staff encouraged people to maintain links with people closest to them. When friendships became difficult for people, staff and the registered manager supported them by giving guidance and advice, sometimes speaking with the other person to explain things. One person gave us an example, saying the registered manager helped sort out a situation with their best friend. They said, "It helped me get back with my best friend."

There were a number of rooms, in addition to bedrooms, where people could meet with friends and family in private if they wished. When we arrived at the home we spoke with both people to get their experiences of what it was like living at The Laurels. Both people gave us positive comments and said they decided what they wanted to do each day and staff respected their wishes.

Is the service responsive?

Our findings

People told us they were happy with the support they received from staff and were complimentary about the staff who provided their care and support. Comments people made to us were, "I love it here" and "I was told this is my home for life."

Care records showed people's likes and dislikes, and how they wanted to receive care. We saw care plans were reviewed and updated. Staff told us and records confirmed people received the support in line with their needs. Individual care files included personal photographs and life histories, people's interests, and up to date risk assessments. Care plans were limited in detail because, but were tailored to meet the needs of each person according to their support requirements, skills and wishes. We saw the care people received matched the information in their care records.

Staff told us they provided support to people to access interests and hobbies that met their individual needs. They explained they were able to accompany people on trips out, or if they wanted to, people were welcomed to join other family members on a holiday. People told us they pursued their own interests, such as meeting friends in a local café for a chat or reading their favourite books or watching favourite television programmes. One person had studied at college, visited their friends and visited their own immediate family. Both people told us they went out every day, but always told staff when they were coming back.

People told us they were comfortable about giving feedback to staff and the registered manager whenever they wished, as they had regular access to them on a daily basis and could speak with them at any time. Both people had not made any complaints but said if they were unhappy, they would speak with staff and the registered manager.

People told us staff understood them and knew them as individuals. One person gave us a recent example of how staff were responsive to their individual needs. This person showed us a cut on their finger which was quite deep, and due to the position, opened up. They said, "My finger was split and they looked after me. It's a lot better." Staff said this person's wound was regularly dressed and were pleased with how it had healed. This person also told us they had a, "Nasty cough and went to the doctors for antibiotics." They said staff reminded them to take their medicine and told them to let them know, how they were feeling, in case further treatment was required.

People had information about how to make a complaint in the form of a leaflet supported by the advocacy service. An advocate is a designated person who works as an independent advisor in another's best interest. Advocacy services support people in making decisions, for example, about their financial management, health and care requirements which could help people maintain their independence. Staff said complaints would be discussed and resolved where possible, but said the advocacy service would act independently, if complaints were unable to be satisfactorily resolved. One staff member said we know sometimes people won't immediately say what's wrong, "So we have to dig, find out what is wrong." They said this approach worked and allowed them to discuss concerns with people directly and quickly to prevent it having a negative impact on their health and wellbeing.

Is the service well-led?

Our findings

Speaking with people, it was clear they were pleased with the quality of care provided by staff. They told us the quality of care was very good, provided by staff who knew them well and who cared for them with compassion and understanding.

Both people told us they thought the staff organised everything well and could not think of anything that needed to be improved upon. One person told us, "I want to die living here. I don't want to live anywhere else. It's like a big family." One person told us the registered manager "Gives me pocket money for doing jobs. I can go and buy biscuits from the shop." They told us they enjoyed helping around the home as it gave them a sense of purpose and giving something back for the help they received.

The registered manager and staff were passionate and enthusiastic about providing high standards of care and support. The examples they gave us during our visit showed a caring and supporting ethos was at the heart of what they did. Staff said caring for people was, "In our makeup, we know them, we know what to do." Staff said they did not see this as a home or a job. They said both people were 'the family' and were considered as part of the family with their interests at the forefront. One staff member said, "We are here for them."

The registered person told us that in addition to talking with people each day to ask if they were satisfied with the service, they asked people to discuss their concerns if required, at a group meeting. We were told these meetings were held on occasions because it helped resolve people's concerns quickly and effectively, if everyone was present. Staff said they could speak with the registered manager if they had any issues, concerns or ideas, and the same happened in reverse. The registered manager said if they noticed something needed improving, "I would get things sorted quickly."

The registered manager told us they did not undertake formal recorded audits in the family home, but instead completed daily visual checks on, for example, cleanliness and took immediate action to rectify any issues whenever needed. For example, there had been a concern with an electrical fault at the home. The staff organised this fault to be repaired, and a full electrical survey to be carried out, to ensure the home remained safe. The registered manager had a contract with national utility companies to provide ongoing support and maintenance. This meant all of the utilities and necessary items such as the boiler and cooker remained safe, fit for use and if any urgent repairs were required, this would be completed without delay. We were told of one electrical fault that was repaired quickly and meant risks to people were minimised.

We saw some areas required improvement, such as medicines audits and care records that required some additional information. For example, we asked to look at medicines records completed by staff. We found they did not record the amounts of medicines received in to the home for people. We discussed this with them and what impact this could have on people. They agreed they would keep a record of this which would enable a medicine audit to be effectively completed so potential risk to people were minimised.

People's personal and sensitive information was managed appropriately and kept confidential. Records

were kept out of sight from other visitors so only those staff who needed to, could access those records. People's records every day, to make sure that all staff knew when people's needs changed. Staff updated individual diaries with important entries, such as recording people's finances or health appointments.