Mrs Mary Hall & Ms Georgina Hall

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?	Requires Improvement

Summary of findings

Overall summary

An unannounced inspection took place on the 21 January 2016. The inspection continued on the 22 January 2016 and was announced. The inspection was a planned comprehensive inspection carried out by one inspector.

The service is registered to provide accommodation and personal care for up to 20 people. At the time of our inspection there were 15 people living at the service.

The service provides care to older people living with a dementia. Accommodation is provided in single rooms although one room has the capacity to be used as double room. All the rooms had a hand wash basin and two had an ensuite toilet. Bedrooms were on the ground and first floors. They were accessed by two staircases both of which hada stair lift. There were three rooms on the ground floor that could accommodate a hoist. All other roomswere only suitable for people who can walk independently. There was one working shower room and a bathroom. The bathroom was not being used as the hoist was out of action. A second shower room was being installed at the time of our inspection.

Communal areas included a lounge with access onto a small rear patio garden and a dining room. There was a well equipped kitchen area and an on site laundry.

The home is required to have 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.

We found the service was not always well led. The service had not had a registered manager to lead the home for over two years. The service had not notified us of the absence of a registered manager. Systems were not in place to enable the service to gather the views of people, the families and other stakeholders about the quality of service being provided. Resident and relative meetings were not being held.

Staff felt listened to and involved in the service. Managers and staff communicated together in a professional and friendly manner. Managers had a good knowledge of people, their families and the staff team. Staff understood their roles and responsibilities.

Audits were being carried out by the manager. They included care plans, medication and health and safety audits. Audits clearly identified actions needed where shortfalls where identified and the final outcomes. Audit results and outcomes were shared with staff.

Notifications were not always sent to CQC in a timely manner. A notification is the action that a provider is

legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.

We found that the service was safe. Staff had completed safeguarding training. They understood how to look for signs of abuse and actions they needed to take if they suspected abuse. Staff were aware of the services whistleblowing policy.

People were protected from harm because risk assessments had been completed and included actions needed to reduce any identified risk. Reviews of risk assessements included there effectiveness. Accidents and incidents had been recorded and reviewed by the manager. Potential hazards in the environment had been identified and risk assessments had been completed.

Staff had completed fire safety training. Regular checks had been carried out on equipment and a weekly fire alarm test had been completed. Each person had a personal fire evacuation plan in place. The service had an emergency contingency plan in place in the event of a major incident and the building needed to be evacuated.

There were enough staff to support people. Staff were able to respond to requests for assistance in a timely way. We observed staff regularly checking people in their rooms and providing supervision to people in the communal lounges. We looked at two staff files and checked recruitment practice. Files contained evidence that references and a criminal record check had been completed. Checks reduce the risk of staff not being suitable to work with vulnerable people.

The service employed agency staff. A profile had not been provided. We discussed with the manager who told us it was the person's first shift and had been arranged as an emergency. They contacted the agency and obtained a profile.

People received their medicines safely as they were prescribed. Any medicines administered had been recorded on a medicine administration record (MAR). Medicines were stored in a locked trolley. Controlled drugs were stored in a separate locked wall cupboard in line with legislation. One person had their medicines administered covertly. They were administered in line with the services medicines policy. Peoples creams and sprays that had been opened were dated and in date for safe use.

We found that the service was effective. People were supported by staff who had received the right training to ensure that they had the skills to support people effectively.. Agency staff had been supported with an induction on their first shift which included reading people's care plans.

Staff had regular supervision. This included formal supervision and observational checks of competencies of the day and night shift staff. Staff meetings were held quarterly.

We found the service was working within the principles of the Mental Capacity Act (MCA). We saw evidence of best interest decisions where people had not had the capacity to consent.

People were able to take their meals in the dining room, lounge or their rooms. The food looked appetising and people were offered choices. The cook who had a good knowledge of people's likes and dislikes and any special diets. People had their weight monitored regularly and any changes were reviewed by the manager with actions recorded in care plans.

People had good access to healthcare.

We walked around the home and looked at the environment. We could see that some areas had been refurbished but other areas were in need of maintenance work. The manager had completed a maintenance audit and prioritised actions. Plans included new water tanks, electricity board, and decorating lounge areas.

We found that the service was caring. We spoke with staff who had a good knowledge of people, their families and important events in their lives. People were being offered choices and being involved in decisions about how they would like to spend their day, what meal they would like and where they would like to sit. People had not been given information about advocacy services. People had their dignity respected. Staff supported people to maintain a level of independence.
We observed staff interacting with people in an unhurried way. Staff were attentive to people's needs, spent time listening to what people were saying and giving them their full attention. Conversation between people and staff at times was light-hearted and fun.

We found the service responsive. Staff had a good understanding of what peoples care needs were and what they needed to do to support people.
Care plans and risk assessments were reviewed monthly and shared with families and care staff.

People took part in a wide range of activities. They had included individual activites such as hand massage, nail care, foot rubs and watching a cookery programme. Group activities had included singers, quizzes and films

Relatives told us that they felt staff listened to them. The service had a complaints policy and had a log for recording formal written complaints. The log contained no formal complaints for the past year. We discussed with the manager that a record of verbal concerns raised would be helpful in supporting their formal complaints process.

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.

Staff were recruited safely.

Staff had completed safeguarding training. They understood how to look for signs of abuse and actions they needed to take if they suspected abuse. Staff were aware of the services whistleblowing policy.

Risk assessments had been completed for people and included actions needed to reduce any identified risk. Potential hazards in the environment had been identified and risk assessments had been completed.

Staff had completed fire safety training. Regular checks had been carried out on equipment and a weekly fire alarm test had been completed. Each person had a personal fire evacuation plan in place. The service had an emergency contingency plan in place in the event of a major incident and the building needed to be evacuated.

There were enough staff to support people. Staff were able to respond to requests for assistance in a timely way.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

Staff completed the Care Certificate induction standards and were up to date with their mandatory and specialist training. Agency staff received an effective induction on their first shift.

Day and night staff had regular supervision which included observational checks of competencies.. Staff meetings were held quarterly.

We found the service was working within the principles of the Mental Capacity Act (MCA).

People had appetising meals and were offered choices. Staff had a good knowledge of people's likes and dislikes and any special diets. People had their weight monitored regularly and any changes were reviewed by the manager with actions recorded in care plans.

People had good access to healthcare.

The manager had completed a maintenance audit and prioritised actions.

Is the service caring?

Good

The service was caring.

People were not told about advocacy services that would be able to speak up on their behalf.

Staff had a good knowledge of people, their families and important events in their lives.

People were being offered choices and being involved in decisions about their care.

People had their dignity and privacy respected. Staff supported people to maintain a level of independence.

Is the service responsive?

Good

The service was responsive.

Care plans contained clear and detailed information about the identified risks people lived with and the actions needed to minimise them.

Care plans and risk assessments were reviewed monthly and changes shared with staff.

Activities took place both in groups and on a one to one basis.

A complaints procedure was in place. People felt listened to and their concerns acted upon.

Is the service well-led?

Requires Improvement

The service was not always well led.

The service did not have a registered manager to lead the home. A registered manager is a person who has registered with the

Care Quality Commission to manage the service.

Notifications had not always been sent to CQC

Systems were not in place to enable the service to gather the views of people, the families and other stakeholders about the quality of services being provided.

The staff felt listened to and involved in the service and understood their roles and responsibilities.

Audits were carried out and clearly identified any actions needed where shortfalls where identified. Audit results and outcomes were shared with staff.

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.

We carried out an unannounced inspection on the 21 January 2016 and continued with an announced inspection on the 22 January 2016. The inspection was carried out by a single inspector. Before the inspection we looked at information we had received about the service. We did not request 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 gathered this information from the provider during the inspection.

During our inspection we observed care, spoke with four people who used the service and two people who were visiting. We spoke with the two managers, four care staff, one agency care worker and the Cook. We spoke with four health professionals who had experience of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed four people's care files and discussed with them and care workers their accuracy. We checked two staff files, health and safety records, maintenance records, medication records, management audits and staff meeting records.

We walked around some parts of the building observing the safety and suitability of the environment and observing staff practice.

Good

Is the service safe?

Our findings

We found that the service was safe. One person said: "I feel safe, I know I will be happy living here." A relative told us "I've never heard any staff raise their voice or shout. Everybody is lovely and calm. Dad is safe, happy and in the best place for him considering his dementia." Staff had completed safeguarding training. They understood how to look for signs of abuse and actions they needed to take if they suspected abuse. Staff were aware of the services whistleblowing policy. One care worker said "I'm aware of the whistleblowing policy. If I had any concerns I would speak to the manager in confidence. I feel I could do that here". Staff had signed the whistleblowing policy to say they had read and understood it.

Risk assessments had been completed for people and included actions needed to reduce any identified risk. Reviews of risk assessments checked that the actions taken were protecting people. . One person got very upset when having a shower and became distressed. The actions agreed had been to offer bed baths. The review of effectiveness recorded that the person maintained good personal hygiene which did not cause them distress. People had risk assessments in place for their physical and mental wellbeing. They included skin integrity, fluid and nutrition, mobility and dementia. One person had a high risk of skin damage. Actions included a pressure relieving mattress on their bed. We checked the mattress and it had been set correctly.

Accidents and incidents had been recorded and reviewed by the manager. Reviews included identifying any risks and putting actions in place to minimise further risks. One person had an injury on their shin that may have been caused by the hoist. The manager had looked at sourcing a protective covering to avoid any further injury. Another person had been choking on food. An incident form had been completed. The action recorded that if a second incident occurred staff would need to make a referral to a swallowing specialist.

Potential hazards in the environment had been identified and risk assessments had been completed. External doors were locked and visitors needed to ring the bell for staff to let them into the building. One bedroom had an external door that was marked as a fire exit. The door was connected to the call bell system which alerted staff when opened. The alarm had an override facility which when activated stopped the alarm from sounding. We tested this door and found the alarm had been switched off creating a possible risk to people's safety. On the second day of our inspection the manager had put a process in place to reduce the risk of this happening again. The kitchen when unattended was kept locked and a key pad entry system was in place.

Staff had completed fire safety training. Regular checks had been carried out on equipment and a weekly fire alarm test had been completed. Records showed us that any actions identified in the checks were actioned in a timely way. The last fire drill had been carried out in May 2015. We asked the manager to carry out fire drills more frequently. Each person had a personal fire evacuation plan in place. The service had an emergency contingency plan in place in the event of a major incident and the building needed to be evacuated.

People told us that they felt there were enough staff to support them. One relative said "I feel there is

enough staff, there doesn't seem to be a high turnover. The home is old fashioned but staff are more important". We observed that staff were able to provide support to people in an unhurried way. Staff were able to respond to requests for assistance in a timely way. We observed staff regularly checking people in their rooms and providing supervision to people in the communal lounges.

Staff were recruited safely. We looked at two staff files and checked recruitment practice. Files contained evidence that references had been received and checked and a criminal record check had been completed.

The service had employed agency staff. Profiles of agency staff that had worked at the service had been sent which included a photograph of the worker, information on their qualifications and training, confirmation of their criminal record check and eligibility to work in the UK. We checked records and found profiles for four agency care workers. On the second day of our inspection an agency worker was at the service. A profile had not been provided. We discussed with the manager who told us it was the person's first shift and had been arranged as an emergency. They contacted the agency and obtained a profile.

Medicines were administered and stored safely. Any medicines administered had been recorded on a medicine administration record (MAR). Each person's MAR included a photograph of the person and any known allergies. Medicines were stored in a locked trolley. Controlled drugs were stored in a separate locked wall cupboard in line with legislation. We checked the MAR records of two people. The medicines that had been signed as given matched the number of remaining medicines. One person had their medicines administered covertly. They were administered in line with the services medicines policy. One person had been prescribed a pain killer for as and when it was required. The MAR record showed that it had been administered at each medicines round over a long period of time. We discussed this with the manager who agreed to speak with the persons GP and ask for a review. Peoples creams and sprays that had been opened were dated and in date for safe use.

Good

Is the service effective?

Our findings

We found that the service was effective. People were supported by staff who had the training they needed to provide safe and appropriate care.We spoke with a care worker about their induction. They told us, "Before I started I spent time shadowing experienced staff. I also spent one week training outside the home. It included safeguarding, first aid, dementia awareness and moving and handling". We checked training records that confirmed staff had completed the Care Certificate induction standards. The Care Certificate is a national induction for people working in health and social care who do not already have relevant training. The person's records included a signed checklist of an induction to their role and the service. It included familiarisation of the building, meeting staff and people living at the service, reading care plans and daily routines.

An agency worker had worked their first shift at the service. They told us "I had excellent support to do the job. Induction included a full walk around the house and was shown where towels and bed linen are kept. I was told about the people I would be caring for. Every time I went to help somebody I had the care plan in my hand".

Staff training records showed us that staff were up to date with both mandatory and specialist training. Certificates were kept on staff files. Training had included infection control, food safety, fire safety and dementia care.

We spoke with a care worker who had been promoted to a senior post. They told us that their induction included shadowing senior staff for six shifts, medicine administration training and first aid training. They had completed their NVQ2 training and planned to take their NVQ3.

Staff had regular supervision. This included formal supervision and observational checks of competencies of the day and night shift staff. The manager told us that they carry out unannounced night checks and also work with the night staff once a week. Staff meetings were held quarterly. An additional responsive meeting had been held in November 2015 to discuss issues amongst the staff team.

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. 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, and whether any conditions

on authorisations to deprive a person of their liberty were being met.

We found the service was working within the principles of the MCA. Currently all the people living at the service had a standard DoLS application with the local authority awaiting authorisation. Two people had urgent DoLS authorisations. Staff were aware of who had a DoLS in place. We saw evidence of best interest decisions to support the use of a pressure sensor mat and the administration of covert medicines. Records contained an MCA, the involvement of the person, their family and other professionals. Decisions were recorded clearly and formed part of a person's care plan. We observed staff asking for consent before providing support to people. The manager was aware of which people had a power of attorney in place and the decisions they could be involved in on behalf of their relative.

People were able to take their meals in the dining room, lounge or their rooms. The food looked appetising and people were offered choices. A hot choice of food was available at each meal time. The cook visited each person every morning and asked them what they would like for their main meal. One person was deaf and the cook wrote down the choices for them to read and choose. We spoke with the cook who had a good knowledge of people's likes and dislikes. At the time of our visit there was one person who had a vegetarian diet and this was catered for by the kitchen. The cook had a good knowledge of common food allergies. One person needed support with their meal. Staff sat down alongside the person and offered support at the persons pace. The person was sleepy and not chewing their food well. The care worker stopped and went and sought advice from a senior member of staff. We observed the person later more alert and being supported with a scone and cup of tea. Staff were offering a small mouthful at a time and explaining to the person what food they were offering with each mouthful. We observed people being offered a choice of drinks throughout the day. People had their weight monitored regularly and any changes were reviewed by the manager with actions recorded in care plans.

People had good access to healthcare. We saw evidence of access to chiropodists, opticians, GP's, district nurses and healthcare specialists

Good

Is the service caring?

Our findings

We found that the service was caring. One relative told us "All the family are very happy. The care is lovely and we can come in at any time". Another relative said "I feel the staff always have my dad's best interests at heart". One person said "The staff are a nice group, always quite friendly". We spoke with staff who had a good knowledge of people, their families and important events in their lives.

One person was supported to telephone a close relative every day. A member of staff had taken the person to visit this relative the previous week. They told me "It made (them) very happy; I knew he would love it". One person was deaf and staff had made cards with common phrases written on them to help with communication. The cards included phrases such as 'We're here to help you', 'Could you brush your teeth'. A care worker said "(They have) cards, you hold them up and (they) can read them". Another person had family that lived abroad. We saw records that showed us how the service kept them informed with regular emails.

One person enjoyed going outside and staff ensured each time that the person was wrapped up in a warm coat. Staff helped them on with the coat and engaged in conversation about the cold weather. Another person had poor sight and was walking from the dining room to the lounge. A care worker was walking with them. They were walking at the person's pace and reassuring and encouraging them to continue walking. They were saying "Don't worry I'm not leaving you, I'm coming with you". We observed that this gave the person the confidence to continue walking independently.

We observed people being offered choices and being involved in decisions about how they would like to spend their day, what meal they would like and where they would like to sit. One person was unable to manage their finances and had no family who could support them. They had been involved in a decision for the local authority to manage their finances on their behalf. People had not been given information about advocacy services that would be able to speak up on their behalf. We spoke with the manager who told us they would source information and ensure it was made available to people.

One care worker said "I love to see residents happy and help them maintain their dignity and independence". Another care worker described how they supported people with their dignity. They said "Always shut the door when providing personal care or helping in the loo. If they are wearing a skirt and we are using the hoist I always ensure a blanket is covering them". "One relative told us "My relative's health is good, nails always neat and their hair cut. The home organised a hearing aid but they take them out. The staff do their best". We observed that people were dressed in clean and well cared for clothes, glasses were clean and their hair and nails had been well cared for.

We observed staff interacting with people in an unhurried way. Staff were attentive to people's needs, spent time listening to what people were saying and giving them their full attention. Conversation between people and staff at times was light-hearted and fun.

People were supported to maintain their independence. A physiotherapist had left an exercise plan for a

person which included a daily walk. Records showed us that staff offered a walk each day and recorded whether the person had taken the walk or declined. We spoke to one person and their visitor who told us that they had used taxis and been able to visit family in the community.

Good

Is the service responsive?

Our findings

We found the service responsive. A relative told us "The family were asked for information about dad. They know history, they have a photo album. Staff use it daily. We've been told the care plan is always available. The manager shared them with us when they had been updated". We looked at the records of four people. They included clear and detailed information about the identified risks people lived with and the actions needed to minimise them. Care plans had an emphasis on supporting people to maintain their levels of independence. Staff had a good understanding of what people's care needs were and what they needed to do to support people. One care worker said "When I first started I got time to read the care plans. If I've been away and anything has changed I sit and read the care plan again."

Care files and risk assessments were reviewed monthly. Accidents and incidents were recorded, reviewed weekly by the manager and any actions identified had been fed into care plans. Actions had included a referral to a falls clinic, medicine reviews and a person having a sensor alarm mat provided. Any changes to care plans had been shared with care staff who had signed to confirm they had read and understood the new plans.

Another person had an album that contained photographs of family and important events in their life. The person had very limited verbal communication skills. The album had been provided by the person's family to enable staff to share meaningful moments with the person. The care plan recorded that the person had in the past had a favourite pet. Staff were able to tell us about the person's family history and album contents. We asked the person about their pet and it brought an instant smile to their face.

The service organised entertainers to visit at least once a week. Staff told us that people interacted really well with music. A hairdresser visited each week. An activity record was kept for each person. We looked at records for one person the week prior to our inspection. Records showed they had received one to one time with a care worker each day. Activities had included hand massage, nail care, foot rub and watching a cookery programme. Group activities were also recorded and included singers, quizzes, films and time for reminiscence.

Relatives told us that staff listen to them. One said "If the family have a small concern we will mention it and it does get sorted". Another told us "We recently noticed that (relative) was very tired. We talked to the manager and they told us that staff had noticed this as well. They had put a chart in place to monitor his mood. I was told today that his medicines may be an issue. If the problem continues the plan is to get a specialist involved". The service had a complaints policy and had a log for recording complaints. The log contained no formal complaints for the past year. The manager told us that they had received a number of verbal concerns about the laundry service. In response they had introduced a system whereby staff checked each person's wardrobe daily and took on responsibility for stitching names in clothing. The manager told us this had successfully stopped further issues arising.

Requires Improvement

Is the service well-led?

Our findings

We found the service was not always well led. The service did not have a registered manager to lead the home. 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. Our records told us that there was a registered manager but when we inspected the service we were told they had left their post over three years ago. It is a requirement that we are notified about the absence of a registered manager. We discussed this with the current manager who told us that they will be submitting an application to become the registered manager.

Systems were not in place to enable the service to gather the views of people, the families and other stakeholders. The service did not have a quality assurance system in place that enabled them to gather views from people and other stakeholders about the quality of service being provided. Resident and relative meetings were not being held.

One relative said "It's a family run business and that's important. They seem to talk to each other". The service had two managers, one of whom was in the process of submitting an application to become the registered manager. They shared responsibility for managing the service. They both worked part time. We saw that both had lead responsibilities. Staff had a good understanding of the roles of each manager. One care worker said "I work well with both managers. There a good team. They complement each other". Another said "I feel the home is efficient and well organised".

Staff told us they felt listened to and involved in the service. A care worker shared an example, "There was a room at the top of the stairs that used to be a bathroom. I spoke with the manager and suggested it be made into another shower room. They told me it was part of future plans".

We observed the managers working alongside staff and offering support and guidance. Managers and staff communicated together in a professional and friendly manner. Managers had a good knowledge of people, their families and the staff team. We spoke to staff who understood their roles and responsibilities. They told us they felt valued in their jobs. A carer of the month award had been introduced. We spoke to a care worker who had been successfully nominated in December. They said "I was delighted. It was awarded in appreciation of all my hard work". .

Audits were being carried out by the manager. They included care plans, medication and health and safety audits. Audits clearly identified actions needed where shortfalls where identified and the final outcomes. Audit results and outcomes were shared with staff.

We walked around the home and looked at the environment. We could see that some areas had been refurbished but other areas were in need of maintenance work. There was only one shower available for people to use as the other bathroom was out of action. This was in the process of being changed from a

bathroom to a wet room. A member of staff told us "Most of the time we have hot water but there have been boiler problems". We spoke with the manager who told us that two new boilers had been installed two weeks prior to our inspection. We checked water temperatures in several areas and they all had hot water. The manager had completed a maintenance audit and prioritised actions. Plans included new water tanks, electricity board, and decorating lounge areas.

Notifications had not always been sent to CQC in a timely manner. A notification is the action that a provider is legally bound to take to tell us about any changes to their regulated services or incidents that have taken place in them.