

The Laurels Ltd

# The Laurels Limited

## 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 Limited provides care and accommodation for up to 32 older people with care needs. On the day of our inspection there were 27 people using the service.

The registered manager was present during our inspection. 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.

Activities were arranged for people who used the service; at the time of the inspection, the service was looking at ways in which it could support people to access the community more.

People lived in an environment that met their needs and food was provided that they enjoyed. Premises were properly maintained with a clean, bright and inviting environment. All living areas were clean and well looked after.

Accidents and incidents were appropriately recorded and investigated, and risk assessments were in place for people who used the service

Staff was trained in how to safeguard vulnerable adults and was able to describe potential risks and the safeguards in place.

There were sufficient numbers of staff on duty in order to meet the needs of people who used the service.

We saw that people had developed caring relationships with the staff that supported them. Relatives told us that there was a positive atmosphere in the provider and people were encouraged to take part in tasks around the provider if they wanted. We found that people's independence was promoted.

The registered provider was working within the principles of the Mental Capacity Act and was following the requirements of the Deprivation of Liberty Safeguards.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

Staff was appropriately trained and skilled and provided care in a safe environment. All staff received a thorough induction and fully understood their roles and responsibilities, as well as the values and philosophy of the service. Staff had completed extensive training to help them to provide care to people who use the service was safe and effective to meet their needs.

People had their needs and requests responded to promptly. People told us that there was enough staff to

meet people's care needs.

People's medicines were managed safely and staff members clearly understood their responsibilities. The Registered Manager conducted regular audits and improvements were carried out when these had been identified. The quality of the service was monitored and assessed consistently.

People who used the service, family members, and visitors were made aware of how to make a compliment, complaint, or comment and there was an effective complaints policy and procedure in place.

The service regularly used community services and facilities and had links with the local community. People who used the service, family members and staff were regularly consulted about the quality of the service they received.

## 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.

Staffing levels were appropriate to meet the needs of people who used the service.

The registered manager understood their responsibilities with regard to safeguarding and we saw staff had been trained in how to recognise signs of abuse.

People were protected against the risks associated with the unsafe use and management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff was suitably trained and received regular supervision and appraisals.

People's dietary needs were met and people had access to health care if they required it.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with dignity and respect and independence was promoted.

Staff talked with people in a polite and respectful manner.

People were listened to their wishes carried out. Staff was attentive to people's needs.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed before they moved in and care plans were written in a person centred way.

The service was extending their activity programme so people could have activities and access the local community seven days a week.

The registered provider had an effective complaints policy and procedure in place and people knew how to make a complaint.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us the registered manager supported them to carry out their role to the best of their ability.

The registered provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

People and their families told us the manager was approachable and managed the service well.

# The Laurels Limited

## 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 checked 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 the 9th of August 2016 and was unannounced. This meant the staff and provider did not know we would be visiting. The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of caring for someone who uses this type of service.

Before the inspection, we looked at previous inspection records, and intelligence we had received about the service and notifications. Notifications are information about specific important events the service is legally required to send to us.

During our inspection, we observed how the staff interacted with people and spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service.

We looked at the care plans of four people and reviewed records about how the service was managed. These included medicine records, staff training, recruitment and supervision records, accidents, incidents, complaints, quality audits and policies and procedures. Reviewing these records helped us to understand how the provider responded and acted on issues related to the care and welfare of people, and monitored the quality of the service.

We also spoke with the registered manager, six people who use the service, five members of staff, four relatives, and one health professional.

# Is the service safe?

## Our findings

People who used the service told us they felt safe. One person told us, "I feel safe here, the carers are really very nice and they really know what they're doing." A family member explained, "I am so pleased that I know Mum is in a safe home, the carers are lovely and look after her really well."

We found people were kept safe from the risk of harm and potential abuse. Staff knew how to recognise and report any suspicions of abuse, and received the appropriate training. Staff knew about the company's whistleblowing policy and was confident that they would be able to talk to the registered manager if they needed to.

People told us there was enough staff on shift for their care needs to be met. During our inspection, we saw that there was sufficient numbers of staff on duty. Call bells were available for people to use, but we noted that people did not have need to use these during our inspection as the staff were proactive and responded to people's needs quickly. The registered manager told us that the proprietor of the business was proactive and made sure the service had a full complement of staff, and that whilst agency staff could be used, it was rarely needed.

When speaking to relatives about the staffing levels at the home, one family member said, "This service is superb. I have never been here and not seen at least three members of staff."

We checked records and found that there were sufficient numbers of staff on shift. We observed staff responding to people in a positive way and saw them quickly attend to people's needs. We saw that when people were able to do things for themselves were not rushed.

Staff told us there was enough staff on shift to enable them to carry out their role effectively. One staff member said, "There is always enough staff on shift, if someone is off or needs to swap a shift we all muck in together to get the job done."

One family member said, "We are happy with the level of care. It is not unusual to see 3 or 4 carers sitting and chatting with residents, and more often than not the manager is out there as well, chatting and laughing with people."

We found risk assessments were in place as identified through the assessment and care planning process. Risk assessments were proportionate and included information for staff on how to reduce identified risks, whilst avoiding undue restriction. For example, individual risk assessments included measures to minimise the risk of falls whilst encouraging people to walk independently.

Safety checks were in place to reduce the risk of avoidable harm to people living at the service. Hot water temperature checks had been carried out for all rooms and bathrooms and Portable Appliance Testing (PAT), gas servicing and electrical installation servicing records were all up to date. The service had a business continuity plan in case of emergency.

An up to date fire risk assessment was in place, fire safety checks were carried out regularly and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. This meant that checks were carried out to ensure that people could be evacuated safely in the event of a fire.

Accidents and incidents had been recorded and copies were kept in each person's care records and in a master accident forms file. Each report recorded the details of the person who had the accident, where and when it occurred and what caused the accident. When the accidents did happen the provider used this as a learning point.

We observed a medication round, and looked at the way medicines were managed. On the day of our inspection we found this to be safe. Medicines were securely stored in a locked treatment room and only the senior member of care staff on duty held the keys for the treatment room. Medicines were transported to people in a locked trolley when they were needed. The staff member checked people's medicines on the medicines administration record (MAR) and medicine label, prior to supporting them, to make sure they were getting the correct medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered.

Most people had protocols in place to give medicines as and when it was needed, but we found one record that should have had this and did not. We spoke to the manager about this who assured us that this would be rectified straight away.

We observed that staff gave people the support and time they needed when taking their medicines. People were offered a drink of water and staff checked that all medicines were taken. The MARs showed staff had recorded when people received their medicines and entries had been initialled by staff to show they had been administered. Monthly medicines audits were carried out to check medicines were being administered safely and appropriately if any errors were identified it was quickly rectified. Staff showed us how unwanted or out of date medicines were disposed of and records confirmed this.

When people moved into the home they were given the opportunity to be involved with interviewing staff. We found interview records that showed that residents were included as part of the interview panel. We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff started work at the home. Disclosure and Barring Service (DBS) checks and two references were carried out on people prior to them starting their employment. This meant the registered provider carried out the relevant checks when they employed staff so that people received care and support from. Eligibility to work in the United Kingdom was also checked as part of the recruitment process.



# Is the service effective?

## Our findings

People and their family members told us they received effective care and support from well trained staff. One person told us, "The staff do a good job."

All of the staff we spoke with told us they received a good level of training which helped them to be confident in their role. We checked records, and found staff had the appropriate training with individual development plans in place. One of the domestic staff members explained, "It's a nice home. We take all the training courses that the carers take so we are well trained as well."

Staff told us that when they started work they had received a good induction and was supported to progress on to further training. We checked records and found staff completed a company induction when they first started and then went on to complete the care certificate. This meant that staff received a good introduction to the care role. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Designed with the non-regulated workforce in mind, the Care Certificate gives everyone the confidence that these workers have the same introductory skills, knowledge, and behaviours to provide care and support.

All of the staff we spoke with told us they were well supported by their manager and had regular meetings to discuss their progress. We checked records and found staff had received regular supervisions and appraisals. This meant that staff was fully supported in their role.

We observed staff supporting people in the dining rooms at meal times. We noted there was a nice atmosphere in the dining room and that people were given choice. The dining tables were laid with tablecloths and serviettes, condiments were on offer. The chef knew all the residents by first name, and had a jovial way about the way them. They spoke with the residents in a pleasant and personal way. One person appeared a little confused and could not decide between the two choices available and was shown a plate of both meals so that they could choose what they wanted. Towards the end of lunch the chef walked around with a bowl of chips and some chicken and they asked, "More chips or a bit of chicken anyone." Some of the residents enthusiastically took this offer

We noted the manager walked in to the dining are with a resident and sat down with them. The resident was clearly expecting the manager to eat with them, so the manager asked for a bowl of chips and started to eat, which then prompted the resident to eat too. They then proceeded to eat the whole of their lunch.

We checked records and found there were systems in place to ensure people who had been identified as being at risk of poor nutrition were supported to maintain their nutritional needs. People were routinely assessed against the risk of poor nutrition and this information was used to update risk assessments and make referrals to relevant health care professionals. When Speech and Language Therapists (SLT) were involved, guidance for staff was clearly recorded within the care plan. We spoke with staff and they were able to explain to us who required support to eat safely and what precautions should be taken to minimise the risks.

One family member told us that the home paid particular attention to their relative's food preference, they explained. "The manager found out that dad really enjoyed jellied eels, so every Friday he has jellied eels. The thing is, dad now needs a blended diet, but they still make sure he has his eels. It was not something we asked the home to do; they just picked up on it. In fact we only found out this was happening a few months ago, and apparently they've been doing it since he moved in." We checked care records and found detailed information regarding dietary needs and preferences. This meant people's dietary choices were clearly understood by staff. Another family member said, "The food is good, and the manager usually sits and eats her lunch with everybody."

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 that when people may be subject to MCA that a DoLS application had been made with the best interests of the person clearly recorded. We spoke with the registered manager and staff and they were able to explain that they understood the implications of the act and when to make an application.

We spoke with a visiting health professional who told us the home communicated well with them and carried out their instructions effectively. One health professional told us, "I would describe the attitude of the staff at this home, as positive, helpful, and professional. They are always on hand to assist me when I need them to. I think this is a good service."

On the day of our inspection we observed the GP being called to provide assistance, this was carried out in a respectful and confidential manner. People's care records showed the involvement of health and social care professionals and we saw evidence staff worked with various agencies to make sure people accessed other services in cases of emergency, or when people's needs had changed. Records reflected the advice and guidance provided by external health and social care professionals. This meant staff worked with various professionals to make sure the individual needs of people were met.

# Is the service caring?

## Our findings

People who used the service were complimentary about the standard of care and told us it was good. One person said, "I can't complain, I'm looked after. They are all nice."

On the day of our inspection, we saw that people were well presented and looked comfortable with staff who were caring and friendly towards them. We saw staff talking to people in a polite and respectful manner and staff interacting with people at every opportunity. For example, after lunch, when carers were escorting residents using walking frames from the dining room back to their rooms, they were doing this in a kindly manner and not rushing them.

We observed the chef laughing and joking with a people as they came to lunch and offering people second helpings. When staff carried out tasks with people, they bent down and talked to them, so they were at eye level. We saw staff explain to people what they were doing as they assisted people and being caring towards people. One carer spotted someone sitting in the lounge quietly, so she went over and gently rubbed her arm, and spoke to them in a soft and caring manner. It was clear that the person received a great deal of comfort from this interaction. We observed a number of interactions like this whilst we carried out our inspection.

One family member told us, "The staff are conscientious and genuine, it is such a friendly and calm environment, and it's difficult to be critical. The staff are angels; they are genuinely interested in people. I often come here when other relatives are not here and I see them being the same with other people. It's genuine not for show."

We observed staff speaking to people respectfully and treating them with a dignified approach. For example, we noticed a resident had nodded off and was bent over a chair arm, a carer also noticed this and gently helped them to sit up, propped a pillow under their head and let them sleep on.

People told us they felt listened to and we saw staff listening and speaking with people in a relaxed and friendly manner. We observed that staff did not speak in a loud way and approached people with a calm manor. When staff spoke with people they took the time to listen to the response and carried out what they wanted. All the staff on duty we spoke with was able to describe the individual needs of people who used the service and how they wanted and needed to be supported. For example, Where a person had dementia, they were able to explain about the person, their background, and about the behaviour that may be exhibited. This meant that staff new detailed background information about the people they cared for and used this information to care for them effectively.

We observed staff knocking on bedroom doors and asking if they could go in before entering. Bedroom doors were closed before delivering personal care. In a patient and friendly way staff, assisted people and we saw and heard that people had developed a good rapport with staff. For example, one person was receiving end of life care, and at times called out. We saw a staff member gently touch the person's hair, and offer reassurance in a gentle and soft voice. The carer gently rubbed the persons hand and used touch

appropriately to help reassure the person. The person appeared to receive great comfort from this.

We observed staff escorting people to the dining room for lunch. People were supported to be independent; either on their own or with walking aids, assistance was provided if people required it. When people were being hoisted, we observed two members of staff using the correct manual handling technique.

Care records showed people were supported to be independent and care for themselves where possible. Information on advocacy was made available to people who used the service. At the time of our inspection, no one required advocacy.

## Is the service responsive?

### Our findings

People received care and support specific to their needs and were supported to participate in activities that were important to them.

The service had an activities programme and people were supported to attend religious service if they required. Activities took place on a daily basis and included chair exercises, quizzes, bingo, and scrabble. Entertainers were also part of the activities programme. One of the staff members explained to us that they regularly get entertainers in, and the residents then vote on whether or not to invite them back. One person told us, "The entertainer last week was not that good and the residents voted not to have him again."

One family member explained, "The person who does activities is good, she finds out what they are interested in and links this to the activity. One night when we visited they were all sitting around having a wine and cheese night, they had a person in the corner playing the guitar. It was a lovely evening."

The garden was accessible for residents via doors from the conservatory. The garden had seats around and a large shaded decking sitting area, there was a large gated fishpond with lots of fish. A curved pathway took you round the garden with a gentle slope down from the conservatory. There was a raised vegetable bed with tomatoes growing. The manager explained the residents had a plant each and there was great interest in who could grow the biggest tomato plant.

When we started our inspection, the manager explained to us that the service was currently developing their approach to offer activities seven days a week instead of five and make sure people could be better supported to pursue their hobbies and interests within the community. We noted that a plan was in place, and they were currently recruiting a weekend activities coordinator to assist them with this aspect.

On the day of our inspection, we noted that there were a number of residents with dementia. We recommended to the manager that they could consider using reminiscence activities with things to see, touch and interact with; it aims to stimulate an individual's recall and offers a wider experience to people with a cognitive impairment.

All of the people we spoke with told us the staff did a good job. One person told us, "They do their job cheerfully." A family member told us, "The staff are lovely, approachable and have a good rapport with the people who live here."

We checked care records and found these were regularly reviewed and evaluated. People's needs were assessed before they moved in. Following an initial assessment, care plans were developed detailing the care needs and support, actions and responsibilities of staff. We spoke to family member's they told us they were aware of their relatives care plan.

Each person's care record contained a social profile, where the information had been collected with the person and their family and gave details about the person's preferences, interests, people who were

significant to them, spirituality and previous lifestyle choices.

Records contained details of people's individual daily needs such as mobility, personal hygiene, nutrition and health needs. The care plans gave staff specific information about how the person's care needs were to be met and gave instructions for frequency of interventions and what staff needed to do to deliver the care in the way the person wanted.

People were encouraged to be as independent as possible with their daily personal care needs and what they were able to do for themselves was set out in their care plans.

All of the family members we spoke with told us that the home was accessible to them and they could pop in to see their loved one at any time. One family member said, "I come to the home any time from 8 in the morning to 10 at night. It's not a problem." Bedrooms were individualised, some with people's own furniture and personal possessions. We saw many photographs of relatives and occasions in people's bedrooms. One family member said, "When mum moved in they said they offered to redecorate her room to her own personal taste."

Staff told us detailed information about the people they supported and it was clear that good relationships had developed between staff members and people living at the service. For example, staff could explain to us about people's backgrounds and how this might affect their behaviour.

The service also had a dedicated hair salon, the manager explained that they were planning to refurbish this area to make it look like a proper hair salon, and help contribute to the experience.

There was a sign in reception and a box called, 'a penny for your thoughts – the Laurels values your comments good or bad.' This system was used to obtain feedback about the service. The provider had complaints policy, which explained the complaints procedure and provided information on how to make a complaint. A copy of the complaints procedure was available in the home's entrance hall. We noted the service had received a number of compliments about the service. People we spoke with were aware of the complaints policy but did not have any complaints. One person told us, "Complaints? No I have never needed to complain; when I mention anything it action is taken quickly."

## Is the service well-led?

### Our findings

At the time of our inspection, people and their relatives told us this service were well led. Everyone we spoke with held the registered manager in high regard. People, relatives, and healthcare professionals all described the management of the service as open and approachable. One family member described the manager as, "Excellent, efficient and knowledgeable." And that it was, "All about the people here."

We saw the service had a well-defined management structure that provided clear lines of responsibility and accountability. The registered manager had overall responsibility for the service. The staff told us they felt included and consulted with and were clear about the provider's values and philosophy.

Staff told us the manager led the service well and offered positive support. One staff member commented, "The management is really good they are so supportive, I know I can talk to them about anything." Another staff member said, "I have worked in other homes and I have to say that this one is really good, the manager is supportive and approachable. We all have our role to play and as a team get on well."

On the day of our inspection, we saw that staff and management were clearly committed to providing good care with an emphasis on making people's daily lives as happy as possible. The registered manager was able to demonstrate that they knew all of the people who lived at the service very well. We were told that the manager led by example and this had resulted in staff adopting the same approach and enthusiasm in wanting to provide a good service for people. Staff told us management were supportive and typical comments included "we work closely together, I have a good relationship with my manager, and we talk about things all of the time."

There was a stable staff team and staff told us morale was good. There was a positive culture in the home and it was clear people worked well together. Staff told us they were supported by management and were aware of their responsibilities to share any concerns about the care provided at the service.

Staff told us they were encouraged to make suggestions about what improvements could be made to the quality of care and support offered to people. They did this through hand-over meetings and supervision sessions.

We looked at records related to the running of the service and found that the provider had systems in place to continually review the quality of the service being offered. Audits were in place which continually monitored and looked at ways of improving the quality of the care that people received. We asked the manager what areas of the service needed to be improved and a service development plan was provided for us quickly. Plans were put in place when areas for improvement had been identified. For example, the manager explained that they were developing the service activities and showed us a plan of how they were going to do this. This meant the service was well led and had a framework that assured the quality of the service.