

Laurel Villas

# Laurel Villas 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 

### Overall summary

Laurel Villas provides accommodation for up to 24 adults, who require help with their personal care needs. The home is situated in a suburban area of Ashton in central Preston and is close to shops and local amenities. Laurel Villas is arranged over two floors with passenger lift access provided to the upper floor. En-suite facilities are available in many of the rooms. The home offers short to long term care or a home for life. On road parking is available outside the home.

This unannounced inspection was conducted on 11 November 2014 and was carried out by one inspector

from the Care Quality Commission, who was accompanied by an Expert by Experience. An Expert by Experience is a person who has experience of the type of service being inspected. The registered manager was on duty when we visited Laurel Villas. She had managed the day-to-day operation of the service for 12 years. 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 of the Health and Social Care Act and associated regulations about how the service is run.

# Summary of findings

At the time of this inspection there were 22 people who lived at Laurel Villas. We spoke with nine of them and three of their relatives. We asked people for their views about the services and facilities provided. We received positive comments from everyone. We spoke with four staff members and the manager of the home. The provider was also on site for part of the inspection. We looked at a wide range of records, including the care files of two people, whose care we 'tracked' and the personnel records of four staff members, two of whom we were able to speak with. We observed the activity within the home and looked at how staff interacted with people they supported.

People who used this service were safe. The staff team were well trained and had good support from the management team. They were confident in reporting any concerns about a person's safety and were competent to deliver the care and support needed by those who lived at the home.

One person we spoke with was very poorly. The manager told us this individual had opted to remain at the home, rather than be hospitalised, because they felt safe living at Laurel Villas. This person told us, "I cannot praise them (the staff) enough."

Records showed relevant checks had been conducted to ensure new staff members were suitable to work with this vulnerable client group. Staff personnel files were well organised, making information easy to find. Therefore, a clear audit trail was evident.

**We recommend that induction programmes are completed over a period of time, to allow new employees the opportunity to absorb and digest the information provided.**

The premises were safe and maintained to a good standard. Equipment and systems had been serviced in accordance with the manufacturers' recommendations, to ensure they were safe for use. This helped to protect people from harm.

**We recommend that all completed accident records are retained separately from the accident book, so that the personal details of people are always protected.**

The planning of people's care was based on an assessment of their needs, with information being gathered from a variety of sources. However, evidence was not available to demonstrate that people who lived at the home, or their relatives, had been involved in making decisions about the way care and support was being delivered.

Regular reviews of needs were conducted with any changes in circumstances being recorded well. Areas of risk had been identified within the care planning process and strategies had been recorded. A range of assessments had been conducted within a risk management framework. This helped to protect people from harm.

People were supported to maintain their independence and their dignity was consistently respected. Staff were kind and caring towards those they supported and interacted well with the people who lived at Laurel Villas.

Assistance was provided for those who needed it in a dignified manner and the dining experience was pleasant.

Staff we spoke with told us they received a broad range of training programmes and provided us with some good examples of modules they had completed. They confirmed that regular supervision sessions were conducted, as well as annual appraisals.

**We recommend that all dietary needs are incorporated into people's plans of care and that a system be implemented to show people have been given the opportunity to be involved in planning their own care, or that of their relative.**

Staff spoken with told us they felt well supported by the manager of the home. They spoke in a complimentary way about her management style and described her as being, 'approachable', 'helpful' and 'considerate'.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

This service was safe.

At the time of this inspection there were sufficient staff deployed to meet the needs of those who lived at Laurel Villas. Relevant checks were conducted to make sure only suitable people were appointed to work with this vulnerable client group.

Robust safeguarding protocols were in place and staff were confident in responding appropriately to any concerns or allegations of abuse. People who lived at the home were protected by the emergency plans implemented at Laurel Villas.

The premises were maintained to a good standard and infection control protocols were being followed, so that a safe environment was provided for those who lived at Laurel Villas.

Good



### Is the service effective?

This service was effective.

The staff team were well trained and knowledgeable. They completed an induction programme when they started to work at the home, followed by a range of mandatory training modules, regular supervision and annual appraisals.

People's rights were protected, in accordance with the Mental Capacity Act 2005. People were not unnecessarily deprived of their freedom because legal requirements were followed.

The menu offered people a choice of meals and their nutritional requirements were met. Those who needed assistance with eating and drinking were provided with help in a discreet manner.

Good



### Is the service caring?

This service was caring.

Staff interacted well with those who lived at the home. People were provided with the same opportunities, irrespective of age, disability or belief. However, evidence was not available to show people had been supported to plan their own care.

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions.

People were respected, with their privacy and dignity being consistently promoted. They were supported to remain as independent as possible and to maintain a good quality of life.

Good



### Is the service responsive?

This service was responsive.

People received person centred care. An assessment of needs was done before a placement was arranged. Plans of care reflected people's needs and how these needs were to be best met. Regular reviews were conducted, with any changes in circumstances being recorded well.

Good



# Summary of findings

The plans of care were well written and person centred. Staff anticipated people's needs well. The management of risks helped to ensure that strategies were implemented and followed, in order to protect people from harm.

People we spoke with told us they would know how to make a complaint should they need to do so and staff were confident in knowing how to deal with any concerns raised.

## Is the service well-led?

This service was well-led.

The registered manager of Laurel Villas had embedded a wide range of good practices within the home, which promoted a well-led service. Staff spoken with felt well supported and were very complimentary about the way in which the home was being run by the long standing manager.

There were systems in place for assessing and monitoring the quality of service provided, with lessons learnt from shortfalls identified.

The home worked in partnership with other agencies, such as a wide range of external professionals, who were involved in the care and treatment of the people who lived at the home.

Good



# Laurel Villas 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

We last inspected this location on 1 November 2013, when we found the service was meeting all the regulations we assessed.

This unannounced inspection was conducted on 11 November 2014 and was carried out by one inspector from the Care Quality Commission, who was accompanied by an Expert by Experience, who had experience of care services for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we looked at all the information we held about this service, such as notifications informing us of significant events, such as serious incidents, reportable accidents, notifiable diseases, deaths and safeguarding concerns.

During this site visit we spoke with nine people who used the service and some relatives. We tracked the care of two people who lived at the home and interviewed two members of staff. We toured the premises, viewing a selection of private accommodation and all communal areas. We observed the day-to-day activity within the home and we looked at a wide range of records, including two care files, a variety of policies and procedures, training records, medication records, four staff personnel records and a range of quality monitoring systems.

# Is the service safe?

## Our findings

We spoke with nine people who lived at the home. They all said they felt safe living at Laurel Villas. We noted people looked comfortable in the presence of staff members, without any indication of fear or apprehension. They were chatting together in a respectful way. People who lived at the home looked happy and content. One person we spoke with was very poorly. The manager told us this individual had opted to remain at the home, rather than be hospitalised, because they felt safe and well cared for at Laurel Villas. This person told us, "I cannot praise them (the staff) enough."

Details about new employees had been obtained before people started to work at the home, such as application forms, written references and Disclosure and Barring (DBS) checks. DBS checks are conducted to ensure people are fit to work with vulnerable people. This helped to ensure only suitable people were appointed to work with this vulnerable client group.

People who lived at the home and staff we spoke with told us they felt there were enough staff on duty to meet people's needs. People told us their call bells were answered in a timely manner and they did not have to wait long for assistance to be provided. This was observed during our visit to Laurel Villas. One member of staff told us the pressure of work depended on how busy it was, but that in general staff had time to sit and have a chat with people in their care.

Systems and equipment within the home had been serviced in accordance with manufacturer's recommendations. This helped to ensure the health and safety of everyone on the premises was promoted. A wide range of internal checks were regularly conducted, such as a full buildings inspection every three months, from which a maintenance and repair checklist was developed. This helped to ensure the premises were kept in a good state of repair.

Staff members spoken with were fully aware of the policy, in relation to safeguarding adults, which covered the key principals of the Mental Capacity Act 2005. Staff told us they were confident in reporting any concerns they had about

the safety of those who lived at the home. Records showed the home had made a safeguarding referral since our previous inspection, in accordance with current regulations and local guidelines.

Assessments within a risk management framework had been introduced, so that people were protected from harm. We saw several people being transferred with the use of moving and handling equipment. These manoeuvres were conducted in a safe and competent manner by the staff involved.

Accidents were documented appropriately. However, each completed page was not removed from the accident book, as directed. Therefore the personal details of people were not retained in a confidential manner, in this area.

**We recommend that all completed accident records are retained separately from the accident book, so that the personal details of people are always protected.**

We noted from the accident records that one person who lived at Laurel Villas had been found on the floor numerous times. We were told this individual slides to the floor, rather than falling and therefore no injuries had been sustained. However, the home had involved the falls team and were vigilant to this person's needs for more regular observation. No further entries had been made in the accident book on behalf of this person within the two weeks prior to our inspection.

At the time of our visit we toured the premises and found the environment to be maintained to a good standard of safety. A fire risk assessment was in place, which covered all the areas of the home. A business continuity management plan had been developed, which instructed staff about action they needed to take in the event of an environmental emergency, such as a power failure, a flood, severe weather conditions or an epidemic. Clinical waste was being disposed of in accordance with current legislation and staff spoken with were fully aware of good practices in order to reduce the possibility of cross infection. Records showed that staff had completed training in relation to infection control. Staff spoken with felt confident in dealing with emergency situations and were fully aware of the policies and procedures in place at the home.

## Is the service safe?

Staff spoken with confirmed they had received training in the administration of medications and were periodically observed giving people their medicines. People we spoke with told us they were happy with the arrangements for medications and confirmed they received them on time.

The Medication Administration Records (MAR) contained photographs of individuals for identification purposes. This reduced the possibility of medications being administered to the wrong person by mistake. We did not see any handwritten entries on the MAR charts and the receipt of medications into the home had been clearly recorded. The reason for any medication omissions had been documented. Controlled drugs were stored in accordance with current legislation and these had been recorded appropriately. The amount present in the controlled drug cupboard matched the totals recorded in the controlled drug register. Controlled drugs are medications, which could be addictive and therefore are managed under specific regulations.

However, we noted MAR charts did not show topical applications, such as creams which had been applied and the amount of variable dose medications had not always been recorded. Although the date of opening eye preparations was recorded on the outer packaging, the bottle containing the eyedrops had not been dated. Regular medication audits had been conducted and although they did outline some errors in the management of medications, which had been addressed, they did not recognise the shortfalls we identified at this inspection.

**We recommend that the medication auditing procedure be a robust process, so that all shortfalls will be picked up and addressed in a timely manner.**

We noted the last food hygiene inspection conducted by the Environment Health Officer received a level 5 rating of 'very good', which is the highest result achievable. It was pleasing to see all staff at lunch time wearing hairnets to promote good food hygiene practices.

# Is the service effective?

## Our findings

At the time of this site visit there were 22 people who lived at Laurel Villas. People told us they were happy living at the home and that their needs were being met by a kind and caring staff team. They were very complimentary about the staff team. One person commented, “Nothing is too much trouble.”

We were told it had not been necessary for the home to make any Deprivation of Liberty Safeguard (DoLS) applications and we did not observe any practices, which gave us reason to believe anyone’s freedom was being restricted against their will. We observed that care and support was being provided in the best possible way and it was clear the manager of the home was fully aware of when it would be necessary to make a DoLS application and how she would do this. The training matrix showed a good percentage of staff had completed training in relation to the Mental Capacity Act (MCA) and DoLS.

We noted that an employee handbook was available for all staff. This contained a wide range of relevant information and provided staff with a good basis for commencing their employment. Areas covered included codes of conduct, data protection, disciplinary and grievance policies, fire safety, safeguarding people and complaints. Each member of staff had a job description relevant to their role. This helped new employees to complete the duties expected of them in an effective way.

The manager told us new employees, except for senior staff, had a two week induction period, which was formally recorded. She said senior staff received an induction programme over four weeks. We spoke with one new member of staff, who told us about his recruitment and induction period. He felt his recruitment was very thorough and his induction programme was sufficient for his needs. He told us new staff were initially on a three month probationary period. We saw some induction records, which covered areas, such as duties and responsibilities, health and safety, reporting of incidents, choice and dignity, nutrition and staff training. However, each area of the induction record was signed as having been completed on the same date. If this was accurate, then the new employee would have had to absorb a huge amount of information in one day.

**We recommend that induction programmes are completed over a period of time, to allow new employees to absorb and digest the information provided.**

Staff spoken with told us they received a lot of training and records seen supported this information. One member of staff commented, “There are certain courses we have to complete every year, or every few years and then there are others we can ask to do. There is plenty of training for us, which is good.” Other staff members gave us some good examples of training modules they had done, such as medication awareness, dignity in care, first aid, equality and diversity, dementia awareness and moving and handling. This information was supported by certificates of training held on staff personnel files and there was evidence of knowledge checks in areas such as safeguarding people and dignity and respect. This helped to ensure staff had understood and retained the learning material delivered.

The training matrix showed over 50% of care staff had achieved a nationally recognised qualification in care and several were working towards this award. This helped to ensure the staff team as a whole, were sufficiently trained to provide the care and support needed by those who lived at the home.

We saw the staff duty rotas and we established that the staff turnover was evidently very low and therefore the work force was very stable. This helped to maintain continuity of care. We were told agency staff were very occasionally utilised, but when they were it was usually the same staff members who worked at Laurel Villas, who were familiar with the people who lived there. This helped to maintain continuity of care. We noted a two hour overlap of staff occurred at the shift change over during the day. This allowed for a detailed handover of events that had taken place and was considered to be good practice.

We were told annual appraisals were conducted, when work performance was discussed and any additional training needs were identified. However, staff spoken with told us they could meet with the manager at any time to discuss any concerns or if they had any suggestions to make. One member of staff told us, “We are talking all the time about what we could do to make improvements.” We spoke with a senior member of care staff, who told us regular supervision sessions were held for all staff and that she was responsible for conducting and formally recording

## Is the service effective?

some of these meetings. These supervision sessions allowed people who worked at Laurel Villas the opportunity to meet with their line managers and to discuss any areas of concern they may have, but also to talk about things that were going well.

We ate lunch with some people in the dining room. This was a pleasant experience. The tables were attractively set and the dining room nicely presented. There were several choices of menu available and people were served a nutritious three course meal. It was evident that people had enjoyed their meals from the empty plates returned to the kitchen. Alternatives to the menu were also available and a variety of hot and cold beverages were on offer.

People's nutritional needs were being met. This was supported by risk assessments to reduce the possibility of malnutrition. A four weekly menu was in place, which showed a choice of meals were available. People's weights were monitored and action was taken, should the results vary significantly.

We observed a situation in which one frail person appeared to be struggling with her breakfast, which we thought to be still in front of her at lunch time. We discussed this with staff members and the manager of the home. We were told

this person had eaten weetabix for breakfast and this was now her second bowl of weetabix, which she was having at lunch time. We were told this person would not eat anything else except weetabix or porridge. However, although staff were able to discuss the dietary and health care needs of this individual well and specialist nutritional advice had been sought, the plan of care did not reflect this specific need.

### **We recommend that all dietary needs are incorporated into people's plans of care.**

Staff members we spoke with were aware of the dietary needs of people who lived at Laurel Villas. One person told us she needed a specialised diet and had been able to discuss her food preferences with the chef. She said the meals she received were good and met her individual needs. The care plan for another person showed she required a soft diet because of her frail condition. We observed this being provided at lunch time.

During our tour of the premises we observed the communal areas, such as bathrooms to be very well equipped with moving and handling equipment and specialised accessories.

# Is the service caring?

## Our findings

We saw staff treating people with respect and providing assistance in a kind and caring manner. Staff members and those who lived at Laurel Villas seemed to have easy and friendly relationships. People told us they were happy with the care and support they received.

Staff we spoke with were fully aware of people's needs and how they wished care and support to be delivered. We saw staff members anticipating people's needs well and those we spoke with confirmed they were given the opportunity to make some decisions about the care and support they received. The care plans we examined supported this information.

We noted the home's Statement of Purpose clearly outlined the aims and objectives of Laurel Villas and the Service User's Guide told people about the facilities and services available at the home. We were told these leaflets were issued to all interested parties. Together this information helped people to make an informed choice about accepting a place at Laurel Villas.

People told us that their independence was encouraged in a positive way and their privacy and dignity was consistently promoted. Assistance was carried out with respect and consideration. People looked well presented and were appropriately dressed. Relatives we spoke with told us the staff team were very caring and attentive to the needs of those who lived at Laurel Villas. The plans of care

incorporated the need for respecting people's privacy and dignity and supporting them to maintain their independence, particularly during the provision of personal care.

Policies and procedures incorporated the importance of providing people with equal opportunities, despite their age, religion, race or disability. This was confirmed through our observations and by talking with staff and those who lived at the home.

At the time of our inspection we were told that no-one who currently lived at the home had developed a pressure wound. We noted that specialised equipment was available for the prevention of pressure sore development and for assisting in moving and handling techniques.

Staff spoken with were aware of the need to maintain confidentiality, in order to protect people's personal details. We saw staff provide people with good explanations of procedures being carried out and ask them for their opinions and preferences. This allowed people the opportunity to be fully involved in their care and support. However, although people said they were able to make decisions about the care and support they received, there was no documented evidence available to demonstrate the plans of care had been generated with the involvement of the person who used the service or their relative.

**We recommend a system be implemented to show people have been given the opportunity to be involved in planning their own care, or that of their relative.**

# Is the service responsive?

## Our findings

People we spoke with told us their health care needs were being met. Records showed a wide range of external professionals were involved in the care and support of those who lived at Laurel Villas, so that people received the health care and treatment they required. We saw management plans at the home, which the district nursing team had put into place in relation to pressure care and treatment being provided for one person who lived at Laurel Villas.

We randomly selected the care records of two people who lived at the home, who had quite different needs. These files were well organised, making information easy to find. We chatted with the people whose records we examined and discussed the care they received. The care files we looked at contained some good information for staff about medical conditions. This helped to increase their knowledge in specific clinical areas. The manager showed us new documentation which was to be implemented in relation to the care planning process. This showed a proactive approach to person centred care was adopted by the home.

Needs assessments had been conducted before people moved into the home. This helped to ensure the staff team were confident they could provide the care and support required by each person who went to live at Laurel Villas.

Plans of care had been developed from the information obtained at the pre-admission assessment and also from other people involved in providing support for the individual. The needs of people had been incorporated into the plans of care. Regular reviews of needs had taken place and any changes in circumstances were recorded well. Care was evidently provided in a person centred way. We found the plans of care to be well written, person-centred documents. This helped the staff team to develop a clear picture of what people needed and how they wished their care and support to be delivered.

People who lived at the home told us they would be quite confident in making a complaint, should they need to do so. They were aware of what they would need to do. The complaints procedure was included in the home's Statement of Purpose and a system was in place for documenting complaints received, although none had been recorded since our last inspection.

We observed that all the staff on duty were having their lunch break together in a separate room from where the majority of residents were spending their time. This was discussed with the manager of the home at the time of our inspection. It was evident this arrangement was normal practice. The manager told us that although the staff do have lunch together, they regularly got up in turn to check on those who lived at the home. This was observed during this period of time.

We established a planned programme of activities was not in place. However, people who lived at Laurel Villas told us they were satisfied with the level of leisure activities available at the home. These were organised on a day-to-day basis and were in accordance with people's preferences and wishes. 'Family albums' contained photographs of many events that had taken place in the home or within the local community, in which people who lived at Laurel Villas had participated. These showed people enjoying birthday celebrations, trips to local places of interest and visits to the home by outside entertainers.

We saw care staff interacting well with some people on an individual basis, which helped them to remain interested and to maintain their individuality. We observed people being offered a variety of choices throughout the day. This was done in a polite and respectful manner. People we spoke with told us they were able to make decisions about how they spent their time. For example, when they went to bed, when they got up in the morning and where they sat during the day. One person told us, "I like to go up to bed after the 'soaps'. I like to watch Emmerdale and 'Corrie' and then I am ready for bed." Another commented, "We can do more or less what we want. It is smashing here. There is enough going on for me. I don't like to be 'doing' all the time. I like to sit and relax. I go to my room when I want to."

Evidence was available to show some external entertainers visited the home and occasional trips out were organised to local places of interest. This helped people to maintain links with the local community.

One person told us, "Everything is fine. I have nothing bad to say about Laurel Villas. There is a lovely garden, which we can sit in during the summer." Another commented, "A singer came yesterday. Oh, he is good. He is the best we have. He sings all the old songs that bring back memories. We really like him, don't we (name removed)?"

## Is the service responsive?

People were supported to access advocacy services, should they wish to do so. An advocate is an independent person, who will act on behalf of those needing support to make decisions

At lunch time we heard one person say to a staff member, "There's too much on there. Please take some off. I won't eat it if you don't!" The staff member responded to this person's request and she was happy.

# Is the service well-led?

## Our findings

The current manager of Laurel Villas had been in post for 12 years. She was very co-operative during our inspection and we found her to be enthusiastic and eager to provide a good quality of service for the people who lived at the home. She was committed in supporting her workforce to deliver the care people needed.

There was a good atmosphere throughout the home. The surroundings were comfortable with no unpleasant smells. The residents, relatives and staff members we spoke with all considered Laurel Villas to be a good home. The home had recently achieved a professional quality award. This showed Laurel Villas was periodically assessed by an external organisation. The home focused on a culture of openness and transparency. There was a good system in place for assessing and monitoring the quality of service provided, which identified any shortfalls, so that actions could be taken to better any areas in need of improvement. The provider told us about the regular environmental audits she conducted and records seen supported this information.

We noted medication audits were conducted every two days and some issues were identified. These were supported by a medication 'handover' book, which recorded any shortfalls, from which action plans were developed. Staff spoken with confirmed managers conducted regular medication audits and they told us that a recent staff meeting had taken place, which was chaired by the supplying pharmacist, as a recent medication audit had identified a range of issues.

An on-line system allowed people involved with the home to provide feedback about their experiences with Laurel Villas and the quality of service provided. One relative had written, 'My mum has been in Laurel Villas for seven years and she has been looked after like part of a family, rather than a resident. The staff see to every need and make residents as happy and as comfortable as possible.' Another commented, 'It's the staff that make Laurel Villas what it is. They have such a caring attitude.'

We were told by staff members that the provider was on site several times a day, which was evident on the day of our inspection. The manager told us that the provider was extremely supportive and very approachable. We noted the manager had an 'open door' policy. This allowed those who used the service, their friends and relatives, staff members and stakeholders in the community to discuss any concerns or areas of good practice with her at any time. Staff members we spoke with told us they felt well supported by the manager of the home.

A wide range of updated policies and procedures were in place at the home, which provided staff with clear information about current legislation and good practice guidelines. This helped the staff team to provide a good level of service for those who lived at Laurel Villas.

The philosophy of the home told people, 'Laurel Villas Limited aims to provide its service users with a secure, relaxed and homely environment in which their care, well being and comfort are of prime importance'. One relative told us, " I have known this home for years. It has good owners and staff. Mum wouldn't be here otherwise."