

Country Retirement & Nursing Homes Ltd The Laurels

Inspection report

116 Yarmouth Road Lowestoft Suffolk NR32 4AQ Date of inspection visit: 31 July 2018

Good

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Ratings

Overall rating for this service

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

Summary of findings

Overall summary

The Laurels is a residential care home for seven people. At the time of the inspection on 31 July 2018, there were seven people with learning disabilities living at the service.

At our last inspection in October 2015, we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff focused on the care needs of each individual and knew people's individual communication skills, abilities and preferences. We observed that the staff approach was caring and kind. They talked to people with dignity and respect and supported people to make decisions about their and day to day needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible, the policies and systems in the service supported this practice.

People had detailed care plans which reflected their abilities and support requirements. People's risks had been assessed and were regularly monitored. Referrals to health care professionals had been made appropriately when additional support was needed. Medicines were managed and administered safely. People were provided with opportunities to maintain their interests and hobbies and live an enriched life. People's nutritional needs were met. The involvement of people's relatives was encouraged and valued.

There were sufficient numbers of skilled and trained staff to meet people's health and welfare needs. Staff felt supported by the registered manager. Staff were recruited safely and trained to provide good quality care and support.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The Service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good •



The Laurels

Detailed findings

Background to this inspection

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

This was a comprehensive inspection which took place on 31 July 2018. The inspection was unannounced and carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We looked at information we held about the service including notifications they had made to us about important events. We also reviewed all other information sent to us from other stakeholders for example the local authority and members of the public.

During our inspection visit we spoke with the provider's quality manager, the registered manager and three care workers. People living in the service were not able to discuss their care with us but we observed interactions between people and care staff. We also spoke with three relatives of people living in the service. We reviewed three people's care records, policies and procedures, records relating to the management of the service, training records and the recruitment records of three care workers

Is the service safe?

Our findings

Our previous inspection in October 2015 had rated The Laurels as Good in the Safe key question. At this inspection we found the service continued to be Good.

Relatives we spoke with told us that their family member received safe care and support. A relative said, "Very safe here, it's like an extended family." Those who were able, had been supported to understand what keeping safe meant. An example of this was when a person living in the service asked us for our identification when they opened the gates to let us into the service.

Staff had received safeguarding training and were aware of the different types of abuse. They were aware of their responsibilities to keep people safe from the risk of abuse or harm. Staff knew where to report any suspicions of abuse and how to whistle blow if they had any concerns about the quality of care being provided. The provider's policies on safeguarding vulnerable adults and whistleblowing gave staff guidance on how to report any concerns.

People's individual health and well-being risks had been identified, assessed and were being managed in accordance with their needs. Care plans contained guidance for staff on how to support people to manage their risks in relation to their activities in the community and in the home without restricting people's choice and control. For example, one person chose to go horse riding. The registered manager had a transparent and proactive approach and was keen to take action to improve the service being provided when concerns or near misses had occurred. Staff and the registered manager were aware of their requirement to report and log any incidents and report any serious and notifiable injuries to CQC.

There were sufficient numbers of staff available to ensure people remained safe at all times and were supported with activities in the community. The registered manager told us that staff support and availability was flexible and planned around people's needs, activities and their health care appointments. During our inspection we found staff and the registered manager were visible and at hand to support people as needed.

People were supported by an established staff team who knew them well. One member of care staff we spoke with had worked in the service since it had opened 10 years previously. Other members of staff had left to pursue alternative employment and then returned to the service. There were recruitment procedures where checks had been completed to help ensure staff were suitable to care for and support people. These included checks with the disclosure and barring service (DBS) which checks if applicants have a criminal record or if they are barred from working with vulnerable people.

A relative told us that their family member received, "Lots of medicines and they are given properly." Medicines were managed and administered to people as prescribed. A senior member of staff demonstrated the provider's electronic system for recording medicines storage and administration system to us. There were clear ordering and checking procedures. This meant that people's medicine administrations had been completed accurately. Staff had completed training on the safe handling of medicines and their competencies to administer medicines were checked annually to ensure their practices were safe. Regular audits were undertaken by the registered manager to check on the management of people's medicines. We raised a concern with the registered manager about the maximum temperature of the fridge used to store medicines which had been recorded as above that which was safe for the storage of medicines. Upon investigation this was a problem with the recording equipment which the registered manager assured us they would address promptly.

The service was clean and hygienic. Staff were required to support people with household activities and carry out additional housekeeping duties to ensure that the home remained consistently clean. Staff had access to protective personal equipment such as disposal gloves and aprons to reduce the risk of spread of infection. Regular checks were carried out to ensure the building and equipment associated with people's care were maintained and serviced.

Is the service effective?

Our findings

Our previous inspection in October 2015 had rated The Laurels as Good in the Effective key question. At this inspection we found the service continued to be Good.

The registered manager told us that six of the seven people living at The Laurels had lived there since the service had opened 10 years ago. A relative of the person who had moved into the service most recently, told us that their family member had visited the service three or four times before they moved in, approximately six years ago, to ensure they would be happy at The Laurels. People's support requirements had been continuously and holistically assessed and adjusted according to their individual needs. The registered manager kept themselves up to date with current practices to ensure people received effective and personalised care. People were treated as equals and they were given every opportunity to make decisions about their life and live a fulfilled life which was free from discrimination.

The service used technology and equipment to enhance the delivery of effective care and support. Staff were enthusiastic about the smart phone type devices which were used to record people's care and support. They told us how it allowed them to record care and support contemporaneously even when people were out of the service engaging in activities.

People were being supported by staff who had the opportunity to maintain their skills and knowledge. A relative said, "We see it all. Staff know what to do." Staff were positive about the training they received and felt trained to carry out their roles and meet the needs of people. Staff knowledge and competencies were discussed and reflected on during their supervision meetings. They received regular supervisions and yearly reviews of their professional performance to ensure their skills and knowledge were maintained. Staff told us they felt well supported by the registered manager and their colleagues and had opportunities to discuss any concerns and develop their skills.

People were supported to maintain a healthy diet. A relative we spoke with was complimentary about the support the service had given their family member to maintain an appropriate weight. Staff we spoke with were aware of people's preferences for meals. The registered manager told us that if people were unable to directly communicate what food they liked they sought information from relatives and also observed people's reactions to their food. Care plans contained information on people's individual nutritional needs and how these were managed. A relative told us that their family member did not like a particular food and if this was on the menu the service always offered an alternative. Meal times were flexible, we observed one person having their breakfast at 11am.

The registered manager gave us examples of how they regularly worked with other social care professionals to ensure people received consistent care and support. The registered manager told us that a person's social care professional was visiting the service the day following our inspection to carry out a review and the service would be involved in the review meeting.

People's health care needs were monitored and any changes in their health or well-being prompted a

referral to their GP or other health care professionals. A relative told us how staff had recognised that something was not right with their family member shortly after they had returned from hospital and immediately called the doctor. From discussion with staff, it was evident that people were supported to maintain a healthy life such as attending regular appointments with the optician and dentist. The service electronic care planning system could generate a summary of their care plan in an emergency. This could be provided to other healthcare professionals with information about their medical history, personal backgrounds and current medicines.

The building at The Laurels had been adapted to meet people's needs. Each person had their own bedroom with ensuite facilities. People and their families had been involved in choosing the decoration for their bedroom. There was a sensory room which was separate from the main building. Staff told us this was particularly useful for diverting people when they became distressed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager had applied to the local authority to deprive people of their liberty as they were continually being supervised. They were waiting for the outcome of the local authority assessment. Where the response had been delayed for more than a year the registered manager had carried out an assessment of the application to ensure it was still relevant. Staff were aware of their responsibility to support people in the least restrictive way. Staff we spoke with were aware which people were able to access the community alone and who needed to be supported.

People were supported and encouraged to consent to their care and treatment. It was evident from our time with people and staff that staff respected people's decisions about their support. For example, on returning from a trip to the shops we heard a member of staff asking a person if they wanted to read in their bedroom of if they wanted to join others in the lounge.

Is the service caring?

Our findings

Our previous inspection in October 2015 had rated The Laurels as Good in the Caring key question. At this inspection we found the service continued to be Good.

The Laurels provided people with a home which was warm, friendly and homely. People were supported by carers who were kind and passionate about supporting people to have a good quality of life and were familiar with their needs. All of the staff we spoke about emphasised to us that The Laurels was people's home.

People had developed a positive and open relationship with staff. Relatives were complimentary about the staff who supported their family member. A relative said, "Before [family member] moved in I thought nobody could look after [family member] how I did, but they do. They are so natural and amazing." Throughout our inspection, we observed and heard a lot of kind interactions between people and staff. Staff spoke to people in a compassionate and respectful manner. People were relaxed in the presence of staff and interacted comfortably with them.

Each person had been allocated a member of staff as a key worker. Staff explained to us that as the person's key worker they worked with the person regularly and were involved in all aspects of their care and support. They told us that this meant they got to know the person and their needs very well. The registered manager told us how they matched key work staff to people.

Staff knew people well. They were knowledgeable about people's individual social and communication needs. A relative told us that their family member did not have any direct communication abilities but that staff had learnt their body language and facial expressions. Staff gave people the time to express their feeling and views. People were treated with dignity and respect. Staff told us how they respected people's privacy when supporting them with their personal hygiene needs. They gave people the choice to have support if they required it. One member of staff explained that one person may decline personal care but if this was offered a short time later by another member of staff they usually accepted. When people became anxious, staff provided them with reassurance and support in a dignified manner.

The registered manager and staff understood their responsibility to support people to have the right to a private and family life and be free from discrimination. Staff supported people to maintain religious beliefs, for example one person was supported to attend the local church. Relatives told us they could visit the service at any time and were made welcome. A relative said, "You never have to make an appointment. I can walk in at any time." The registered manager told us how when a person's relative, who lived in the local community, had become ill they had supported that person to visit their relative and also do some shopping for them saying "Because that is what a normal [relative] would do."

People's care plans were maintained on a computer system. Staff could access the system using individual smart phone devices. We saw that these devices were kept secure and password protected to avoid any

unauthorised access.

Is the service responsive?

Our findings

Our previous inspection in October 2015 had rated The Laurels as Good in the Responsive key question. At this inspection we found the service continued to be Good.

People were supported by a service which was responsive to their needs. The support provided by staff was person centred and focused on their individual care and support requirements. Each person had a care plan which provided staff with the information they required to support people with their needs including their personal care needs and emotional well-being. Information about their backgrounds and the people who were important to them were documented. People's preferences, likes and dislikes were recorded such as their preferred routines and how they liked to be supported. Care plans were reviewed regularly with the involvement of health care professionals, staff and relatives to ensure they continued to meet people's needs. A relative confirmed that they were invited into the service for regular reviews of their family member's care plan.

Staff were knowledgeable about the approach they should take to manage people's expectations and how to support people with unexpected changes in their plans. Each person had a weekly planner displayed in the dining area. However, the registered manager told us that this was changed if circumstances changed. When we spoke with a member of staff they gave us an example of this, telling us that a person had planned to go shopping on the day of our visit but that due to the weather being so warm they had chosen to go out for a coffee and cake instead. The registered manager also told us that some people preferred to stick to their weekly plan, whereas, other people liked to be more flexible.

People had the opportunity to participate in a range of activities both in the service and in the community. They had been supported to maintain hobbies and interests. On the day of our inspection we observed that one person had gone horse riding. A relative told us that their family member really enjoyed swimming and that the service supported them to attend the local swimming baths three times a week. A range of activities were provided in the service. The registered manager told us that a local artist had recently started coming into the service and supported people to produce art work. They told us that some people chose to join in whilst others did not. We saw examples of the art displayed in the service. A relative also told us that they were invited to functions in the service. They said, "They have a variety of social occasions which parents and friends are invited to. A singer came in recently and [family member] really enjoyed joining in with the singing."

The registered manager told us that each person was supported to go on an individual holiday away from the service. The staff compiled a video collage of the holiday which was shared with people's family and used to remind people of their holiday.

All of the relatives we spoke with told us that they would make a complaint if the need arose. However, they all emphasised that they had never needed to make a formal complaint. This was due to the high regard they had for the care provided. A relative told us, "If I had a concern I would have no hesitation in speaking

to the key worker or the boss [registered manager]." The registered manager told that their door was always open for people, relatives and staff to discuss any issues. We saw this demonstrated on the day of our inspection with staff freely visiting the registered manager's office for support and advice.

No-one at the service was receiving end of life care. However the registered manager told us that they had addressed this with people and their relatives. Care plans demonstrated that people's end of life wishes had been discussed them with one person's care plan showing what music they wanted at their funeral.

Is the service well-led?

Our findings

Our previous inspection in October 2015 had rated The Laurels as Good in the Well-led key question. At this inspection we found the service continued to be Good.

The service had a registered manager who had been in place since the service opened 10 years previously. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The values and the culture of the home was evident from the staff approach and the service environment. The registered manager led by example and supported staff to ensure people were at the heart of the service being provided at all times. The service had a positive culture that supported people to develop personally in their well-being. The registered manager explained the progress one person had made since they had moved into The Laurels from another service. They clearly knew the people well and understood people's physical and emotional needs. They were also aware of their responsibility to run a home which was safe, effective and well-led and ensure they met the regulatory requirements

We found the management team to be open and transparent. The provider's quality manager attended the service on the day of our inspection to speak with us and to provide support to the registered manager.

Quality assurance systems were in place to monitor the quality of the service being delivered and the running of the service. The registered manager proactively sought the views of people and staff and took actions to improve their experiences. They explained that they kept themselves up to date with changes in the health and social care sector. They told us they were supported in this by other managers of the provider's similar services.

The provider's quality manager explained to us how the electronic care planning and monitoring system generated reports which allowed them to monitor a range of reports relevant to the running of the service. These included safeguarding referrals and complaints. They also told us that the system allowed them to compare these across services to check if a service was performing as expected.

Relatives told us that they were involved with the development of the service. A relative told us, "They [service] keep us up to date and ask my opinion on things. They go the extra mile." Staff told us that if they had any suggestions for improvements to the service or people's support and arrangements these could be discussed at supervision meetings or directly with the registered manager. There were regular staff meetings. The agenda and minutes for these meetings demonstrated that the registered manager sought staff views.

The service worked in partnership with people's relatives and the local authority to ensure people received the appropriate care and support. Two relatives we spoke with told us they had recently attended the

service for a meeting with social services and The Laurels to review the care and support their family member was receiving.