

## Country Retirement & Nursing Homes Ltd

# The Laurels

### Inspection report

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Date of inspection visit: 29 October 2015  
Date of publication: 15/01/2016

### 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

The Laurels is a care home providing care and support for up to 7 people with a learning disability. At the time of our visit there were 7 people living at The Laurels.

The inspection was unannounced and took place on the 29 October 2015.

The home had a registered manager in place. 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 requirements in the Health and Social Care Act 2008 and associated regulations about the service is run.

The people using the service were unable to communicate their views to us verbally or otherwise. Therefore we spoke with people's relatives and other professionals involved in their care.

Relatives told us they felt people were safe living at the service and said they had 'no concerns' regarding their relatives safety and welfare. Professionals involved in people's care said the service was a safe environment for people. There were systems in place to reduce the risks to people and protect them from avoidable harm. Medicines were managed, stored and administered safely.

# Summary of findings

The service had in place robust recruitment procedures which ensured that staff had the appropriate skills, background and qualifications for the role. There were enough suitably trained and supported staff available to assist people during our inspection. There were effective systems in place to ensure that medicines were stored, managed and administered safely. People received appropriate support to take their medicines.

Staff told us they felt supported by the management of the service and that the training they received provided them with a good understanding of topics such as the Deprivation of Liberty Safeguards (DoLS). Relatives spoke highly of the staff and told us they would 'feel comfortable' raising concerns or issues with them.

The service was complying with the requirements of the Mental Capacity Act (2005) and the DoLS. Appropriate DoLS applications had been made where required and assessments of people's capacity were completed appropriately. People were supported to make decisions independently where possible and were encouraged to develop independent living skills.

People were encouraged and supported to take part in activities they enjoyed at the service and to access the community with staff.

People's relatives spoke positively about the care and support people received from the service. Relatives and health professionals told us they had input into the planning of people's care and support. Staff demonstrated that they knew the people using the service well and that they had a good understanding of their needs.

There were systems in place to monitor the quality of the service and to identify shortfalls or areas for improvement. There was an open culture at the service. People, relatives, health professionals and staff were given the opportunity to express their views and these were acted on by the service. There was a complaints procedure in place and relatives and other professionals told us they were aware of how to make complaints.

# 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?

The service was safe.

There were enough staff to meet people's needs. Recruitment procedures were robust.

People's medicines were managed, stored and administered safely.

Risks to people's safety were planned for, monitored and well managed by the service.

Good



### Is the service effective?

The service was effective.

Staff received appropriate training, support and development which enabled them to meet people's needs effectively.

People were provided with a range of food and drinks which met their nutritional needs.

Consent was obtained appropriately. Staff and the registered manager complied with the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Good



### Is the service caring?

The service was caring.

Staff treated people in a kind, caring and respectful manner.

People formed close bonds with the staff and a caring atmosphere was promoted by the provider and the registered manager.

Good



### Is the service responsive?

The service was responsive.

People received care which was planned and delivered in line with their personalised support plan.

People's relatives and other professionals had input in the planning of their care.

People and their relatives were supported to give feedback on the service and suggest areas for improvement.

There was a complaints procedure in place and relatives knew how to make a complaint.

People were supported to pursue their interests and to access activities of their choice in the community.

Good



### Is the service well-led?

The service was well-led.

There was an effective system in place to monitor the quality of the service and identify shortfalls.

There was an open and inclusive culture in the home, with staff, people's relatives and other external professionals encouraged to help improve the service provided to people.

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 inspection took place on 29 October 2015 and was unannounced. The inspection was undertaken by one inspector.

People using the service were unable to communicate their views to us verbally or otherwise. We spoke with the relatives for four people, two members of staff and the manager. We spoke with external professionals involved in the care of six people. We looked at the care records for six people, including their care plans and risk assessments. We looked at staff recruitment files, medicine records, minutes of meetings and documents relating to the monitoring of the service.

# Is the service safe?

## Our findings

People's relatives told us people were safe living at the service. One said, "It was hard entrusting someone else with [relatives] care, but this place couldn't keep [relative] safer. I trust them 100%." Another relative commented, "I have faith in the people here, I visit a lot and [relative] is always safe and well." The relative for one other person told us, "I've absolutely no concerns. This place is a totally secure environment for [relative]." External professionals involved in people's care and support also felt people were safe. One said, "This is a great little service, no worries about their safety." Another commented, "When they come into see me they're always in good health and well looked after, so they must be safe there."

There were detailed risk assessments in place for each person using the service. These clearly set out the risk to the individual, and what action staff should take to reduce the risk of the person coming to harm without restricting their independence. These had been reviewed and updated regularly to ensure the risks to people continued to be managed effectively. Assessments included the use of kitchen equipment, the risks associated with going out in the community and the risks of using specialist equipment. Staff told us about the risks to people and how these were managed on a daily basis.

We observed that staff were proactive in managing the risks to people and supporting them to keep safe in the home. For example, we observed one member of staff supporting a person to safely prepare and cook a meal.

Incidents, accidents and any safeguarding concerns were monitored and investigated thoroughly. Systems were in place to track these for trends and to inform measures which may reduce the risk to people in the future. The

service had carried out a full investigation into a safeguarding concern that had been raised recently. This investigation was thorough, questioning and the outcome positive.

There were enough staff available to meet people's needs. The manager told us that the staffing level was regularly reviewed dependant on people's changing needs. A relative told us, "[Relative] gets a lot of attention from staff, they're spoilt for attention." Another relative said, "They have someone with them all the time, they're never on their own." A health professional told us, "People seem to get a high level of support from plenty of staff." Staff told us there were enough staff to meet people's needs. One said, "We have a small staff team but there's always enough on shift." Another staff member said, "[Manager] does a good job on staffing. [Manager] doesn't want us to just get by."

There were robust recruitment procedures in place to ensure that prospective staff had the appropriate skills, experience and background to work with people made vulnerable by their circumstances. The checks undertaken included obtaining references from previous employers and ensuring the person did not have any relevant criminal convictions that would make them unsuitable for the role.

A health professional told us people were supported well with their medicines. They told us, "They're good at flagging up when there might be an issue with their medicines or if they need reviewing. They hardly ever administer PRN medicines for behaviour which is positive because they're obviously managing the behaviours in better ways." Where people were prescribed as and when medicines (PRN), there were clear protocols in place to advise staff on the purpose of the medicine and when it would be appropriate to administer it. Staff received appropriate medicines training, including training in administering specialist medicines for conditions such as epilepsy. Medicines were managed, stored and administered safely.

# Is the service effective?

## Our findings

Relatives told us that the staff had the necessary skills, training and experience for the role. One said, “They know much better than me.” Another said, “I don’t have to worry about that, they know what they’re doing and perform well from what I have seen.” A health professional told us, “The staff are very knowledgeable. When I visit and speak to them they appear to have a deep understanding which is a good sign.” Staff told us they received the training they needed to support people effectively. We were shown an online training system which tracked people’s training progress and highlighted where people required updates to their training. Staff received specialist training which allowed them to better care for people with certain health conditions. For example, one person required support to receive adequate nutrition via a tube.

Staff told us they felt supported to provide effective and safe care to people. Staff made positive comments about the manager of the service. One said, “It’s an open door policy. You can talk to [manager] whenever you need to. Even if [manager] isn’t here, you can just ring them.” Staff told us they had regular one to one sessions with their manager where they could discuss issues and training needs. Records confirmed this and we saw that staff also had access to annual appraisal. As part of this appraisal staff were invited to set goals for the following year and document what support they required from the service to meet these goals. For example, one staff member said they wanted to progress to level five of their NVQ to improve upon their experience. Staff also told us they had regular staff meetings where they could discuss ways of working, share best practice and communicate changes in people’s needs. Staff said they often discussed the development of the staff team and what training was coming up. The minutes of these meetings confirmed what the staff told us.

Relatives told us that staff obtained people’s consent before providing them with care. One said, “They say exactly what they’re doing and ask if it’s OK first.” Another told us, “Yes, they’ll always try and convince [relative] to agree and encourage the best options.” Our observations confirmed this. For example, we saw one staff member asking a person if they could support them to prepare their meal and asking what they wanted. We observed another staff member asking one person if they were ready to go out and still wanted to visit their prearranged destination.

Relatives told us they were involved in decisions about their relatives care and discussions about their best interests. One said, “[Relative] can’t make many decisions, we have a lot of discussions with the manager and social worker about what’s best. They manage it well because [relative] can refuse sometimes.” Staff we spoke with demonstrated a good knowledge of consent processes and why it was important to gain consent. One said, “Some of them say no a lot, so it’s about how you approach it. Not forcing them but encouraging.” Another told us, “It can be challenging but you can still get them to agree if you try different ways.” Where able, people’s representatives had signed their care records to indicate they consented to the support that was planned for their relative. Relatives had also signed consent forms to authorise the taking of photographs.

The manager and care staff were up to date with the changes in legislation around the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Appropriate referrals to the local authority had been made to ensure that any restrictions placed on people were lawful and in their best interests. Where people’s liberties had been restricted through the necessity for restraint, detailed records had been kept of these incidences. Assessments of people’s capacity had been completed appropriately and in line with legislation. Staff and the manager demonstrated a good knowledge of these subjects and how they impacted upon the people they cared for.

People were able to choose what they ate and drank. Relatives for people said the food was good. One said, “[Relative] certainly likes it. Right now they’re trying to encourage [relative] to eat healthily but it’s a challenge.” Another relative told us, “There’s a good choice, [relative] likes to help make it. It’s always nice, I sometimes eat here too.” Staff showed us a menu, which they said was formulated in conjunction with people’s relatives. Staff said everyone had lived with their relatives prior to moving to the service, so they tried to involve them to get information about the person’s food likes and dislikes. Staff told us, and we observed that people were encouraged to choose meals even though they were unable to verbally communicate. For example, we observed a staff member showing the person the options. Staff said they often showed another person the meal and if they refused it they would get them something else to try until they found something the person would eat. We observed that people

## Is the service effective?

were supported to take part in the preparation of their meals where able and were supported to make snacks and drinks during the day. Any support people required to prepare meals and drinks or to eat their meals was documented in their care records. Staff were able to tell us what support people required and this was confirmed by our observations of the support people received from staff during meal times.

People's healthcare needs were met. On the day of visit we saw that staff identified one person was becoming unwell and needed intervention from a mental health professional. We saw that the staff acted promptly to get the person the support they needed. Health professionals we spoke with told us the service acted promptly and requested support for people when it was needed. One said, "Their referrals are quick. If there's a problem they'll be on the phone."

# Is the service caring?

## Our findings

People's relatives told us that staff treated people with kindness, care and respect. One said, "They're very friendly and affectionate towards them. Definitely caring." Another told us, "Very kind. They are patient and caring."

We observed that staff treated people in a kind and compassionate manner. For example, we saw that staff laughed and joked with people, giving them hugs and physical attention when they wished for it. Staff spoke about people knowingly and in a respectful way, and demonstrated that they knew people well. Staff formed positive relationships with people and we observed that people responded positively to the staff interacting with them.

Relatives told us and we observed that staff supported people to be as independent as possible. One told us, "They're working on teaching [relative] to do a bit of cooking." Another said, "[Manager] has discussed promoting life skills with us. They're aiming to try and get [relative] doing more on their own without staff having to do everything." We observed that staff encouraged people

to do what they could independently. For example, we saw staff encouraging one person to put on their coat themselves rather than staff doing it for them. We observed staff supporting another person to prepare ingredients for the evening meal. Staff told us they tried to promote independence where possible. One said, "We know what they can and can't do. I try and push the boundaries sometimes to see if I can get them to do a lot more. Some of them have already come a long way learning things."

People's care records made clear what they required support with and what they could do independently. People's relatives and health professionals were encouraged to discuss goals for people's futures and how they could expand upon their skill set.

People's relatives told us that the staff respected people's privacy and dignity. One said, "As you probably saw they all have their own private spaces and the [staff] are respectful of that." Another told us, "[Staff] ask [relative] if they can go into their bedroom before they do. If we are in there with [relative] they leave us be and knock if they really need to come in."



# Is the service responsive?

## Our findings

People's care records clearly reflected their needs and what levels of support they required with day to day tasks such as preparing meals, personal care and visiting the community. Staff demonstrated a good knowledge of people's needs when talking about them, and the needs staff told us about matched what was documented in people's care records.

People's relatives told us that they had been involved in the planning of people's care. One said, "We have regular meetings about [relative] and go through the support plan. I'm happy with what is in there." Another told us, "[Manager] asks for a lot of input from me because [manager] knows I know [relative] best. I do feel well involved." This was confirmed by a staff member, who said that people's relatives were able to provide staff with 'really helpful information' about people which allowed them to provide more individualised care. People's relatives had signed care records to indicate they were happy with the care that had been planned.

Care records clearly documented what support people required to continue their hobbies and interests and to attend pre-arranged clubs or events. Staff demonstrated a good knowledge of people's likes, dislikes, hobbies and interests when speaking with us and people using the service. Care records for people clearly documented what they liked doing, how they spent their days and what clubs or activities they attended. Staff supported people to carry on these interests. For example, A relative for one person told us that their relative enjoyed swimming and we saw this was documented in their care records. We observed staff taking the person swimming during our inspection. A staff member showed us photographs of people enjoying their holidays earlier this year. We were told that each person went on a holiday individually, so that they could benefit from one to one time with staff, and relatives confirmed this. Staff told us that relatives supported staff to identify places to visit which would be of interest to people.

One said, "I think [relative] had such a good time this year on holiday with [staff member]. [Manager] asked where we thought [relative] would like and they took [relative] to the beach. It's their favourite."

People's relatives told us they could visit any time. One said, "There are no restrictions, I have the code to get in the gate and the front door so I can just walk in." Another said, "We're one big family, I don't feel I can't visit when I want. The door is always open to us families."

Relatives told us they knew how to make complaints. One said, "I was given a copy of the complaints leaflet, I doubt I'll ever have to complain." Another commented, "If there's a niggles, then I'll just have it out with [manager]. It's taken on board and sorted, but it's always something simple like a bit of missing laundry. Never anything serious." This meant that relatives felt listened to. At the time of visit the service had not received any complaints.

Relatives told us they were given the opportunity to complete satisfaction survey every six months, and that they were also supplied with a survey which they could support their relative to complete where they were able. We reviewed the responses received in the most recent survey of people's views, and saw that all the comments were positive. Where suggestions were made in these surveys, we saw evidence to support that these were fulfilled by the manager. For example, one person had commented that they wanted all the coat hangers exchanged for wooden ones. We observed that this had been completed to their satisfaction.

People were given choices about how to decorate and furnish their personal spaces. We saw that each person's room was painted and furnished according to their preferences. People's bedrooms were furnished with items which supported their sensory development, such as lights and things of interest hanging from the ceilings. A relative told us, "[Manager] is willing to do anything for them. [Relative] suddenly wanted to change the colour of their bedroom so it was done." This showed that people's views were considered and acted on by the service.

# Is the service well-led?

## Our findings

There was an effective system in place to monitor the quality of the service. This independently identified areas for improvement and shortfalls in service provision. The leadership of the service told us about the checks they undertook and showed us the records of previous checks which had identified issues which required attention, such as in the maintenance of the building. Additional checks were carried out by senior staff from the wider organisation, which included an audit of management to ensure that the service was being run effectively. We saw that where issues were identified, action plans were put in place to ensure that any risks to people were minimised. These were signed off when the actions had been completed. For example, an action resulting from the previous audit was to ensure some staff received updates to their training. We observed that these updates had been completed before our visit.

The service has been accredited by the National Autistic Society (NAS). This means that the service has evidenced that it meets Autism Accreditation Standards which are a number of criteria set by the NAS to measure whether a service provides high quality care. As part of this accreditation programme, the service is subject to regular thorough quality assurance checks by the NAS to ensure that the care provided to people continues to meet the standards they expect.

Incidents and accidents, such as falls, were monitored for trends so that methods for reducing incidents reoccurring could be identified. Where people had epilepsy or had displayed behaviour that challenged staff, clear records were kept of these incidences. These records were analysed by the manager to identify if there were any identifiable triggers which could be avoided in future.

The manager promoted a culture of openness, honesty and transparency within the service. Staff told us, and records

confirmed that they were involved in discussions about issues in service provision during team meetings. Minutes demonstrated that staff were encouraged to share learning and take responsibility where mistakes had been made. Staff told us they felt supported to raise issues and suggest changes they felt needed to be made.

People's relatives made positive comments about the manager of the service. One said, "I couldn't fault [manager]. [Manager] makes it feel like we are one big family." Another commented, "[Manager] has all the time in the world for [relative] and for the families. We couldn't be happier with how the place is run." One other relative told us, "We were desperate for [relative] to come here. [Manager] worked really hard for us, even got a lift fitted and a whole room converted so [relative] could come and live here. It was all worth it. We feel relaxed knowing [relative] is being looked after so well."

The manager had processes in place to identify poor staff practice and to monitor the competency of staff. The manager had recently taken action to ascertain whether or not a staff member was taking one person to their planned activities as agreed. We saw records to evidence that prompt action was taken against this staff member, and they were dismissed from their role to ensure that people's safety and welfare was upheld.

There were clear aims and goals for the service, and staff shared these goals. We were told that encouraging people's independence and supporting them to develop life skills was the main goal of the service, in addition to supporting people to live a fulfilling life. A staff member said, "It's about making their lives as interesting and happy as possible. So getting them out and about, introducing them to new activities and teaching them new skills." A relative commented, "[Relative] does so much more now, [relative] would never try at home with us but they seem to have convinced [relative] here."