

Mrs Ann Gibbins & Dr Edward De Saram

Laurel Grove

Inspection report

9 Wessex Close
Brimington
Chesterfield
Derbyshire
S43 1GB

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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

Laurel Grove provides accommodation for up to 3 people with a learning disability, who require personal care. There were 2 people using the service at the time of our inspection.

The service was last inspected on 24 June 2015 when we found there was a breach in the legal requirements and regulations associated with the Health and Social Care Act 2008, relating to obtaining people's consent to care. We asked the provider to take action to make improvements, and this action has been completed.

This inspection took place on 10 August 2016 and was unannounced.

There was a registered manager at the service. 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 service was following the guidance in people's risk assessments and care plans and the risk of unsafe care was reduced. People's records were up to date and indicated that care was being provided as detailed in people's assessments. The records had been updated to reflect changes in people's care needs. Medicines were managed safely.

People were safeguarded from abuse because the provider had relevant guidance in place and staff were knowledgeable about the reporting procedure.

Consent to care and support had been sought and staff acted in accordance with people's wishes.

People told us they enjoyed their food and we saw meals were mostly nutritious. People's health needs were met. Referrals to external health professionals were made in a timely manner.

People and their relatives told us the care staff were caring and kind and that their privacy and dignity was maintained when personal care was provided. Relatives were involved in the planning of people's care and support. There was a range of activities and events available to enable people to take part in hobbies and interests of their choice.

Complaints were well managed. Communication systems were effective. The provider had systems to monitor the quality of the service and obtained feedback about the quality of the service from people, their relatives and staff.

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.

People were protected from the risk of avoidable harm by staff who were trained and confident to recognise and report abuse. People received care from suitable staff. There were sufficient staff to meet the needs of people using the service. People received their medicines from trained and competent staff and medicines were stored and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and support to enable them to care for people effectively. Staff gained consent before caring for people. There was a varied menu that included people's choices and suggestions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and compassionate and enjoyed their work. Staff developed positive, supportive relationships with people based on mutual respect. People's dignity and independence was promoted by caring staff.

Is the service responsive?

Good ●

The service was responsive.

People contributed to their care plans and made decisions about their daily lives. Staff spent time getting to know individuals and their preferences and developed personalised activities that people enjoyed. The service responded well to comments and suggestions, using them to improve care.

Is the service well-led?

Good ●

The service was well led.

There was an inclusive and empowering culture within the

organisation, where people, families and staff were able to comment and make suggestions. There was good visible leadership and staff felt supported and motivated. There were effective quality assurance systems in place that were used to improve the service and care of people.

Laurel Grove

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 10 August 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned this form and we used it when planning our inspection. We also viewed any notifications sent to us by the provider. Notifications are events or incidents that the provider must tell us about under the terms of their registration.

We spoke with two people who used the service, one relative and four staff including the deputy manager and the registered manager. We observed interaction between staff and people using the service. We also viewed one staff training record, one person's care records, two people's medicines records and the provider's quality auditing system. We spoke with three visiting professionals by telephone following the inspection visit.

Is the service safe?

Our findings

People confirmed they felt safe using the service and when being assisted with personal care. One person said "I'm safe here" and a relative also confirmed people were safe. They told us "Everything is perfectly alright." An external professional also told us they had no concerns about people's safety.

People told us they would talk to staff or the registered manager if they had any worries or concerns. Staff understood the procedures in to follow in the event of them either witnessing or suspecting the abuse of any person using the service. Staff also told us they received training for this and had access to the provider's policies and procedures for further guidance. They were able to describe what to do in the event of any alleged or suspected abuse occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. The provider was taking appropriate steps to safeguard people from the risk of harm and abuse.

Staff told us they were confident to report any concerns they may have about people's care because they were aware of the provider's whistle-blowing policy. This helped to ensure any suspicions of abuse were reported and people were protected from unsafe care.

People's care plan records showed that risks to their safety associated with their health needs, environment and equipment were assessed before they received care and regularly reviewed. Risk assessments covered health and safety areas applicable to individual needs. They were reviewed to ensure the information was up to date and reflected people's current needs; for example, one person had a risk assessment for choking. We found there was clear guidance on how to safely support people in the records we looked at, for example, when using the shower. This helped to make sure that people received safe care and support.

The provider had satisfactory systems in place in case of emergency. For example, there were clear directions for evacuation in the event of fire. Both people told us they knew what to do if the fire alarm went off. One said they would, "Go outside."

The provider had satisfactory systems in place to ensure suitable people were employed at the service. All pre-employment checks, including references and Disclosure and Barring Service (DBS) checks were obtained before staff commenced working in the service. Staff we spoke with confirmed that they did not commence work before their DBS check arrived. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services. This meant people were cared for by staff who were suitable for the role.

There were enough staff to meet people's care and support needs in a safe and consistent manner. People told us they received the support they needed. Relatives we spoke with were satisfied and had no concerns regarding the number of staff on duty and the speed with which staff attended to people's needs. We saw people were responded to in a timely manner when requesting assistance.

We looked at rotas for the day of the inspection. This confirmed that staffing levels were adequate to meet

the individual needs of people and the manager ensured there was always the right skills mix of staff on duty. For example, there was always someone on duty who could administer medicines and a senior worker who could support the staff team. The registered manager told us that where any absences were identified, cover was usually obtained from within the existing staff group. Staff we spoke with confirmed this. The provider ensured there were sufficient staff available to work flexibly so people were safe.

We found medicines were managed safely. People who were able to tell us said they received their medicines when needed. Staff were able to explain the procedures for managing medicines and we found these were followed. Staff also knew what to do if an error was made and we saw these were monitored and action taken to minimise any repeated errors.

Medicines were stored at the correct temperatures to ensure they were safe to use. Records were kept of medicines received into the home and when they were administered to people. The medication administration record (MAR) charts we looked at were completed accurately and any reasons for people not having their medicines were recorded. This meant people received their medicines according to the prescriber's instructions.

Is the service effective?

Our findings

At our previous inspection in June 2015 we found people's consent was not always being sought before care and support was provided. We asked the provider to take action to remedy this. We received an action plan in January 2016 stating how the provider was addressing the issues. At this inspection we found that the requirements of this regulation had been met.

People were supported to make choices and asked for their consent before care was provided. We saw staff asking for people's consent to care or support throughout our inspection. We saw that records relating to consent were signed by the person if they were able to do so, dated and their purpose was clear. For example, there were documents relating to consent to people's medication that had been signed by the person.

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.

We checked whether the service was working within the principles of the MCA. There was information in people's records regarding mental capacity assessments and whether decisions made were in the person's best interests. We saw specific decisions recorded, for example, in relation to managing money. A relative confirmed they had been actively involved in the decision making processes. This indicated that consent to care and treatment was being sought consistently as outlined in the Mental Capacity Act 2005.

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). Staff understood the principles of the MCA and DoLS and were able to describe what they would do if they felt someone's liberty was being restricted. They told us they had received training in this area and records we saw confirmed this. Information supplied by the provider stated that no one was restricted in any way.

People and their relatives told us they liked the staff and felt well supported. One person said, "Staff are alright here" and a relative told us, "I can't fault the staff, they've always been good."

Staff had the necessary skills and knowledge to effectively support people. Staff we spoke with confirmed they had regular training, supervision and support to carry out their duties. Staff described the access to training as good and one told us, "The training's pretty good." All staff undertook relevant training the provider felt essential to meet people's health and social care needs. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours that unregulated health and social care workers should adhere to. Records we saw showed all staff had completed the Care Certificate in 2015. Training records showed staff were up to date

with health and safety training and they identified which staff needed refresher training.

There were regular staff meetings which enabled staff to discuss information relating to people's care. Staff also had individual meetings with their supervisor throughout the year to discuss their work performance, training and development. They told us this was an opportunity to get feedback on their performance and raise any concerns or issues. This showed the manager ensured that staff maintained the level of skills the provider felt essential to meet people's needs.

Staff also demonstrated a thorough and detailed knowledge of people's individual needs, preferences and choices. We saw staff encouraged people in household tasks and leisure activities and communicated with them effectively. A visiting professional told us, "They provide person centred care." Staff were able to provide effective care based on the support and training they received.

Staff told us and evidence showed that they kept daily records of key events or issues relating to people's care. There was a handover of this information between staff shifts and this meant that staff knew what the daily issues were and could take action to ensure that people received the care needed or requested.

People were supported to access health services when needed to maintain their well-being. For example, one person was supported to keep audiology appointments and we saw speech and language therapy input had been sought to help manage a risk of potential choking for one person. Care plans identified what people's health needs were and how staff should support them. Records confirmed that people were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. External professionals told us their advice was sought promptly and appropriately and was acted on. One professional told us, "The staff asked for the appointment to pre-empt a bigger problem." People's health needs were met.

People said that they had plenty of choices of food. One person said, "I help with shopping." Staff supported people to make their evening meal and we saw that people had access to the kitchen to make their own drinks and snacks throughout the day. There was a selection of food available, and staff sometimes supported people to make healthier food choices. For example, fruit was offered instead of biscuits. Menus were discussed with people and they helped to decide what shopping was needed on a weekly basis. However, the menus showed us there was a tendency for less healthy options, such as burgers and chips, to be chosen. We discussed this with the deputy manager who said they liked to ensure people had what they wanted to eat. Following our visit, we received written confirmation from the registered manager that a nutrition course had been accessed for staff. This helped to ensure that people had access to nutritious food.

Is the service caring?

Our findings

People told us staff were caring. One person said, "I like the staff" and another said, "Staff are my friends." A relative told us they were always made to feel welcome. We observed positive and caring relationships between people using the service and staff. People were treated with respect and approached in a kind and caring way. They were listened to and were comfortable with staff.

Both people invited us to look at their room. We saw the bedrooms reflected personal choice and personality. We saw that people were encouraged to have their bedrooms decorated to their taste, and they had personalised their rooms. Both people told us how their bedroom was their own personal space and said the staff respected this. The bedrooms also contained framed pictures, photographs and memorabilia which were important to the person. A relative told us, "[Family member] has a very nice room." This showed people received personalised care, which was responsive and reflective of their personal preferences and choices.

We saw staff sat with people and engaged them in conversation and encouraged them in their interests. For example, one person was being encouraged to participate in domestic tasks, such as making drinks.

Visiting professionals also confirmed that people were supported by caring staff. One told us "It's a nice place to live." People therefore received care and support from staff who were kind and compassionate.

We saw privacy and dignity being respected when people were receiving care and support during our visit. We saw staff always knocked on doors before entering and maintained eye contact when conversing with people. Staff were able to give us examples of respecting dignity and choice. For example, they explained how they would ensure the person was covered up and in private before supporting them with personal care. People were asked before they were assisted e.g. when making drinks. People's care was therefore provided in a dignified manner.

Staff gave us examples of promoting independence, for example, enabling people to undertake specific cleaning tasks round the home. We saw one person being encouraged to make drinks and wipe dishes. We observed people were offered choices in their daily routines. For example, one person chose to sit outside in the garden and the other chose to join in the discussions with staff. Staff were able to describe how they offered choices to people; for example, regarding meals and what activities and events were on offer. They told us that they used pictures to help people decide what they wanted. They also said people had time alone, as appropriate, when they wished. For example, one person preferred to be quiet so chose not to attend a specific social activity. This confirmed that when people declined options, such as social activities, their choice was respected.

People and their relatives were involved in their care planning. One person showed us their care plan and pointed to the parts they were interested in, such as leisure activities. A relative told us, "They keep me informed" and said they were pleased with the support their family member received. They told us, "[Family member] is happy where he is." We observed that people were given clear explanations about their care and

support. We saw people were able to express their views and they were listened to. The service was using a communication system using widgets, a pictorial based system, to aid understanding and we saw this were evident in people's care records.

Records we saw showed reviews of people's care involved family and people important to the person. Care planning was therefore inclusive and took account of people's views and opinions. The provider ensured people and their families were actively involved in planning care and support.

Is the service responsive?

Our findings

People were supported to follow their interests wherever possible and take part in social events. One person told us they liked going to a dance and another said, "I like going out." They also said they enjoyed going out on day trips and to the shops. A relative told us, "They do get out" and was pleased that the service supported their relative to maintain family contact. We saw people received personalised support which reflected their lifestyle choices. One person told us, "I've been on holiday" and another told us how much they had enjoyed a festival that reflected their interest in cars and trucks. We saw people had varied social lives and staff encouraged and supported them to participate in activities of their choosing. One person gave an example of helping with the gardening and another attended a disco regularly where they met up with friends and peers. We found people were encouraged to access services and activities in the local community and support was offered where required.

People were supported to maintain contact with their families. A relative confirmed their family member visited them regularly and was pleased with the staff support in arranging this. Visiting professionals also confirmed relationships were maintained with families.

People's care plans were person-centred, and included information about people's goals and aspirations. Staff felt care plans contained enough information to be able to understand people's needs, goals and aspiration. The care plans we looked at contained detailed information about what people's needs were, and what their views were about how they were supported. This showed the provider recorded sufficient information about people's needs in order for a good quality of care to be provided.

Staff knew people's likes and preferences and we saw these were recorded in people's care plans. We saw there were a range of outings on offer, such as local country shows, trips to the seaside and specialist events, to suit individual interests. This enabled staff to offer people activities and opportunities that were more personal to them. Staff knew how to give people information in a way that encouraged them to make their own decisions. Staff were heard to give people information in a way which was easy to understand and free from jargon. People were involved in discussions and decisions about their care and records we looked at reflected this.

A relative told us that the manager acted on their views about the care and support their family member received. They said they were consulted when decisions were being made that affected their family member and that any suggestions they made had received an appropriate response. They spoke positively about the communication with the service and their involvement in their family member's care. They told us, "I'm invited to meetings and social occasions."

The manager told us they listened to people and staff. We found the provider gathered feedback from staff and people via surveys and used this to identify improvements. For example, the range of outings had increased as a result of staff and people's comments. A visiting professional told us the service was professional and any issues raised were resolved. The provider strove to ensure that any issues raised were used to improve the service.

People told us they knew how to make a complaint and were confident it would be dealt with in a courteous manner. One person said they would, "Talk to staff" and a relative told us they would raise any issues with the registered manager.

There had been no complaints, either formal or informal, received at the service since or last inspection in June 2015. We discussed the complaints procedure with the registered manager and they told us any complaints would be recorded and investigated. Any minor issues regarding day to day events, such as activities and meals, were dealt with as they were raised or discussed at meetings with people. For example, we saw meeting records which showed people had their say about menus and outings. This meant people's concerns were addressed properly and appropriate action taken.

Is the service well-led?

Our findings

People and their relatives felt that staff and the manager were approachable and open to listening to their suggestions or concerns. One person said, "The staff are alright here" and a relative said, "They're brilliant." They were confident any concerns would be addressed. Visiting professionals also praised the way the service was managed and one described the service as, "Professional, well organised and efficient."

We found the provider had gathered people's views on the service through regular meetings. We saw suggestions made had been acted on, for example in relation to social occasions and events. Surveys had been completed by people using the service, relatives and staff in 2016. These were positive and did not raise any issues regarding the quality of the service. A relative's survey commented that staff were, "Always obliging" and one person had commented, "I like the staff that work here." Staff had made suggestions about activities for people and the employment of a male member of staff and this had been acted on. The provider used people's comments and opinions to monitor the quality of the service.

Staff also felt able to raise concerns or make suggestions about improving the service. All the staff we spoke with said they received guidance and supervision from the manager in one to one sessions. They said this was useful and were positive about their job role. One staff member said, "There is always someone to ask if you have any problems" and another told us their supervisor was, "Pretty good."

Records confirmed supervision meetings took place and gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were supporting people who used the service. An external professional we spoke with praised the registered manager describing them as approachable and receptive to suggestions.

There was a staff team in place to support the registered manager, including senior care staff. The registered manager described the support from the provider as good and understood their responsibilities, for example, when and why they had to make statutory notifications to the Care Quality Commission.

The registered manager told us they were continuing to develop links with the community and people were supported to use local facilities such as shops and leisure facilities. They also maintained professional contacts with relevant agencies such as social services and local medical centres. They told us they were trying to improve the service in order to meet people's needs and aspirations and provide occupation suitable for people's age group. The provider was striving to promote a positive culture that was inclusive and empowering. For example, people using the service had a say in staff recruitment. They were introduced to candidates and asked their opinion of them. The provider was therefore proactive in improving the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us regular visits were undertaken by the provider and that a range of audits were undertaken in the home. They also told us daily and monthly checks were undertaken on the operation of the service, for example of care records and any accidents and incidents. We

saw the audits were thorough and up to date. There had been no issues identified or any actions required on the audits we saw. For example, audits of care records and medicines records demonstrated they were up to date and completed. Records we saw also confirmed this. We saw regular checks of the safety of the building were undertaken and any repairs were noted and undertaken. The provider had systems in place to ensure the service operated safely.