Defiant Enterprises Limited

The Laurels Care Home

Inspection report

The Laurels
West Carr Road
Attleborough
Norfolk
NR17 1AA

Tel: 01953455427
Website: www.thelaurelscarehome.co.uk

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 18 and 19 July 2017 and was unannounced. The Laurels Care Home is a care home that provides accommodation and personal care for up to 52 people. The provider's website describes the service as one that 'specialises in round the clock dementia care and care for frail people.' At the time of our visit, there were 31 people living in the home, the majority of who were living with dementia.

A registered manager was in post. 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.

Our previous inspection carried out in January 2017 identified six breaches of regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We rated the home as Inadequate, placed it in special measures and told the provider they could not admit any new people to the service. We also told them that they had to regularly send us evidence of how they monitored risks to people in respect of not eating and drinking, developing pressure ulcers, choking and falls.

At this inspection we found that some improvements had been made. However, further improvements are still required and the provider remains in breach of two of the previous Regulations. These are in respect of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found a new breach in respect of Regulation 15. We have now rated the home as Requires Improvement.

People had been placed at risk of avoidable harm. Not all risks to people's safety had been adequately assessed or actions taken to mitigate an identified risk. Communication to staff in relation to risks to some people's safety had not always been effective resulting in poor practice.

The monitoring of staff practice to ensure they were competent to perform their role safely had not been regularly assessed. Some areas of the home and some equipment people used was unclean. Not all of the provider's current systems to monitor the quality and safety of the service were effective at identifying and mitigating risk to people's safety.

The provider had ensured that systems were in place to protect people from the risk of abuse and most people had received their medicines correctly and when they needed them. However, the provider had not ensured that the number of staff they deemed were necessary to meet people's needs, were consistently in place. This sometimes impacted on the staff's ability to provide people with individualised care.

People received sufficient amounts of food and drink people to meet their individual needs. They were supported to maintain and improve their health. People had access to activities that supported their own hobbies and interests. These also provided them with stimulation and improved their wellbeing.

The staff were kind, caring and treated people with dignity and respect. They asked people for their consent and acted in people's best interests if they were unable to consent to their care. Staff offered people choice and involved them in making decisions about their care. However, the caring approach of the service was not consistent with some people experiencing unclean equipment, having to wait for staff assistance when they needed it and being exposed to some potential harm.

People were listened to and any concerns they raised were investigated and learnt from. People and staff were involved in driving improvement within the home and had regularly been asked for their suggestions and feedback which had been acted upon.

The registered manager was keen to improve the quality of care people received. They were open and told us that further improvements were needed. Any issues we raised with them were immediately dealt with.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some risks to people's safety were managed well however, not all risks had been assessed or effective actions taken to mitigate risks.

Some areas of the home and equipment people used had a malodour.

The provider had not made sure the number of staff working was consistently in line with their own requirements.

Systems were in place to protect people from the risk of abuse.

Most people received their medicines when they needed them but staff required more guidance in place to ensure they administered medicines safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had received training but not all of their knowledge and skills were sufficient to consistently provide people with effective care.

Staff sought people's consent in line with the relevant legislation.

People received enough food and drink to meet their needs and they received support to maintain their health.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff were kind, caring and treated people with dignity and respect and people were supported to express their views about the care they received.

However, the service had not ensured that people's request for assistance had always been answered in a timely manner, that

the equipment they used was clear and that they were always safe.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Not all people's care needs and preferences were being met.

People had access to a variety of group activities and stimulation that enhanced their wellbeing.

People's concerns and complaints were captured and listened to.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Not all of the systems in place were effective at assessing and monitoring the quality of care people received.

People felt there was an open culture where they could air their views and have confidence in the management. However, staff had mixed views in relation to this area.

People were involved in the development of the service.

The Laurels Care Home

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 July 2017 and was unannounced. On the 18 July 2017, the inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. On 19 July 2017, the inspection team consisted of two inspectors, one of whom specialised in medicines management.

Before the inspection, we reviewed information we held about the service and the provider. This included the review of notifications the provider had sent us. By law, the provider has to send us certain notifications. We contacted the local authority's quality assurance team and local clinical commissioning group to seek their views. We also contacted several healthcare professionals who were familiar with the service.

During the inspection we spoke in depth with five people living at The Laurels and three relatives. We also held informal conversations with several other people who received care. Throughout our visit, we observed the care that people received.

We spoke with eight staff during the inspection. This included care, kitchen, domestic and maintenance staff. We also spoke with the registered manager and two visiting healthcare professionals.

We looked at various records in relation to five people's care. We also looked at three staff recruitment records and information about staff training. Records regarding how the provider monitored the quality and safety of the care given and the premises were reviewed.

Requires Improvement

Is the service safe?

Our findings

We visited the home in January 2017 and rated it as Inadequate in Safe. At this inspection we have rated Safe as Requires Improvement.

At our previous inspection in January 2017, we found that the provider had not ensured that risks to people's safety had always been assessed or were being adequately managed. At this inspection, we found that some improvements had been made but that the provider continued to be in breach of this regulation.

During our walk around the home on the first day of our inspection, we found a tin of thickening agent in three people's rooms. This agent is used to thicken people's drinks to reduce the risk of them aspirating (taking fluid into the lungs) when drinking liquids. However, it can be dangerous if ingested directly and not when mixed with fluid. There were people living in the home who were mobile and may not have had the capacity to understand this. It had been noted in people's choking risk assessments that thickening agent must be locked away in the medicine cabinets in people's rooms but staff were not following this. We also found in one person's room a bottle of cleaning spray that had been left on a cabinet. This meant there was a risk of harm to people as these substances had been left available and unattended.

We found some prescribed creams within people's bathrooms or within their bedroom cabinets that were not secure. These cabinets could be locked but they were not. Other items such as toiletries, steradant tablets and razors were also present. We asked the registered manager whether they had assessed if any of these items posed a risk to people's safety. They told us they had planned to do this but had not yet conducted such an assessment.

A speech and language therapist (SALT) had prescribed some thickening agent to be used for one person to help reduce the risk of them choking. The SALT had stated that the person required two scoops of the thickener in each 200ml of fluid. The SALT's instructions for staff in relation to this had been recorded on some paper that had been attached to a wall in the person's room. However, there was contradictory information on this paper. One part said the person required two scoops, the other 1.5 scoops. We found the information in relation to 1.5 scoops had been prescribed by SALT in March 2017 but they had increased this to two in April 2017 after they had re-assessed the person's swallowing needs. Two staff we spoke with about this told us they were only applying 1.5 scoops of the thickener and were not aware of the changes. The registered manager said they had told staff this information and showed us a document in the staff room that clearly stated the person required two scoops. Changes had not been effectively communicated to staff, which led to them not following the current SALT instructions and this may have put the person at risk of choking.

In two communal toilets we noted there was exposed piping. We asked the registered manager whether they had assessed any risk associated with this such as the risk of burns should a person accidently fall against them. They told us this had been assessed and that all exposed pipes within communal areas of the home should be covered. They could not explain why the pipes in these two toilets had been missed. A contractor who visited the home on the second day of our inspection confirmed to us that the pipes in one

of the toilets were hot pipes from the radiator that when hot, could reach a temperature of 55C. This risk had therefore not been adequately mitigated.

We found that various items of equipment had been left in the corridor, which created a risk to those mobilising around the home. This included hoists, a carpet cleaner and a frame. These created obstacles for people when walking around the home who had reduced mobility or visual impairments. We saw that cones had been put at the entrance of communal toilets after they had been cleaned to prevent people from slipping on a wet floor. However, these were left blocking the open doors when the floors were dry which presented a trip hazard to people.

We found that these concerns added to environmental risks associated with fire safety. In the case of the building requiring evacuation, the equipment left out was a concern as it may have impeded people's movement. At one point, we saw that a walking frame had been left blocking a fire exit. We also saw that the fire door to the kitchen had been propped open with a chair. There were no staff in the kitchen when we saw this. The fire door was there to protect people from the risk of fire should one start in this area. The registered manager closed it when we brought this to their attention.

One staff member was seen assisting a person to move from a wheelchair into a chair. This proved a difficult manoeuvre for one staff member to achieve safely and the person almost missed the chair. The staff member asked them if they were alright. The registered manager told us this person needed two staff to assist them to move safely. On the next day of our inspection, a staff member told us the person could sometimes transfer safely with one member of staff. They said that this was variable and that most of the time, they required two staff. The staff member who did the transfer had therefore not assessed the situation effectively putting the person at risk.

This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

We reported the above concerns to the registered manager on the first day of our inspection. On the second day, we found they had taken action to mitigate some of these risks to people's safety. All thickening agents and prescribed creams had been locked within cabinets in people's rooms. The registered manager had conducted some risk assessments in relation to people's toiletries and had ensured that where they had deemed necessary, these had been locked away. The exposed piping found within the two communal toilets had been covered. Staff confirmed to us they had been reminded of the correct amount of thickening agent to apply to people's drinks where this was needed.

Some areas of the home had an unpleasant malodour. This included communal areas and in people's rooms. Most equipment that people used was clean but this was not always the case. One person had a crash mat and sensor mat in their room which was unclean and a pressure cushion that was on a communal chair was also unclean. We looked at three people's bedding and mattresses. All of the bedding was clean and although the mattresses looked clean, they smelt of urine. One person's chest of draws had crumbs on it and ingrained food.

This was a new breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities 2014).

We brought these concerns to the registered manager's attention. They immediately took action to ensure this equipment was clean. They also told us a plan was in place to replace some carpets within the home which they had found difficult to clean effectively.

At our previous inspection in January 2017, we found that there had not been enough staff to meet people's needs. This had resulted in a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found that the provider was no longer in breach of this regulation. However, improvements are required to ensure that the required staffing levels are met on a consistent basis.

Of the three people we spoke with about staffing levels, all of them told us there were occasions they had to wait for assistance but said that this had recently improved. One person told us, "I do accept there can be a delay in answering bells, certainly 10 minutes is quite common, but remember they are surely dealing with others so I wait my turn." Another person said, "In the morning you can wait 10 minutes for the bell to be answered. Then they (the staff) say they'll be there in a little while, which can certainly be 10 minutes or more. I feel a bit forgotten, but then I am a bit impatient."

We received mixed views from relatives. One relative told us, "If I ring the buzzer they are here within four or five minutes, which is acceptable. I find the staffing fine. Members of staff pop their heads round the door as they pass." Another relative said, "There is sometimes a delay before they respond to the buzzer but they are busy people." The final relative we spoke with said, "They are short staffed. [Family member] has to wait a long time for help to come. I can't find staff to ask for help if I leave her."

The six staff we spoke with gave us mixed views about staffing levels in the home. All of them said that on occasions, they were short of staff. This they told us was due to staff calling in sick and the registered manager not being able to find appropriate cover at short notice. Four staff told us that when this happened, they could still meet people's needs and keep them safe although there was sometimes a delay in them answering people's call bells. Two other staff said the home was regularly short of staff. This they said impacted on their ability to provide people with the care they needed in a timely fashion although all of them said they were able to provide people with enough to eat and drink and could check regularly on their welfare.

During the inspection, we saw that call bells were in the main, answered quickly. Staff were busy in the morning and were not able to spend much time with people except when they were performing a task. There were times when staff were difficult to find. This was because they were busy providing people with care in their rooms. However, we saw that staff regularly monitored communal areas to make sure people were safe.

We checked staffing records for the four weeks prior to our inspection to ascertain whether they had met the provider's requirements. For 11 of the 28 days we looked at, this had not been the case. On these days, the staffing levels were one staff member short for part of the day than the provider required. The registered manager told us that they had recently experienced a high level of staff sickness. Their contingency was for existing staff, themselves or agency staff to cover any unplanned staff absence. The records showed that this contingency had been regularly utilised. The registered manager told us they were confident that staffing levels would be able to be sustained on a more consistent basis in the future. This was because they had recently recruited a number of new staff to the home. The staffing records confirmed that the incidents of the home running short of staff had decreased over the last two weeks prior to our inspection.

Improvements are required to ensure that people receive their medicines safely. A member of the CQC medicines team looked at how information in medication administration records and care notes for people living in the service supported the safe handling of their medicines. In most cases, records showed that people had received their medicines when they needed them. However, we did find that one person had received an incorrect dose of Warfarin on one day. We brought this to the registered manager's attention

who immediately conducted an investigation. We also noted that improvements were needed for records of topical medicines prescribed for external application. This was because they had not always been completed when staff had applied a cream.

Oral medicines were stored securely for the protection of people who used the service and at correct temperatures to ensure they were safe to give. We observed staff giving people their medicines and noted they did so in a caring way and by following safe procedures. Staff had received training in medicine management, however their practice in this area had not recently been assessed to ensure they were competent at doing this safely.

Some supporting information was available for staff to refer to when handling and giving people their medicines. There was personal identification and information about known allergies and medicine sensitivities. Guidance was in place to advise staff how people may communicate that they needed pain medicine if they could not verbally communicate this. However, information in relation to people's preferences when taking their medicines had not been recorded. Also, when people had been prescribed oral medicines on a when required basis, there was not always written information to guide staff on how and when to give them to people consistently and appropriately.

The registered manager carried out audits of medicines and the service had recently started logging errors that were identified to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.

At our previous inspection in January 2017, we found that people were not being adequately protected from the risk of experiencing abuse. This had resulted in a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. At this inspection, we found the necessary improvements had been put in place and therefore, the provider was no longer in breach of this regulation.

All of the people we spoke with told us they felt safe living in The Laurels. One person told us, "This is the best place I could be. I am very comfortable." Another person said, "I feel safe and secure here." A further person told us, "I am absolutely safe here because I have confidence in the people who look after me." All of the relatives agreed with this. One relative said, "[Family member] is very safe and secure here."

All of the staff we spoke with demonstrated they understood how to protect people from the risk of abuse. They knew the different types of abuse people could be exposed to and said they felt confident to raise any concerns if they needed to. They also said they had no hesitation in raising any issues in relation to poor staff practice with the registered manager. All staff knew they could report concerns outside of the home to organisations such as CQC or the local authority if they wanted to. The registered manager understood their responsibilities in relation to protecting people from the risk of abuse.

The staff were aware they had to report any accidents or incidents that occurred. These had been documented and investigated by the registered manager. Action had then been taken to try to reduce the risk of the event happening in the future. For example, one person had fallen out of bed. They had not been injured but their bed had been replaced with one that was low to the floor and a crash mat was placed by the bed. This was to help reduce the risk of injury should they fall from their bed again.

People's risk of falling, developing a pressure ulcer and of not eating and drinking enough to meet their needs were managed well. Staff knowledge in how to reduce these risks was good. In respect of pressure care, staff told us they regularly checked people's skin integrity and we saw that people had the necessary equipment in place. Records showed that people's position was changed regularly when they were in bed to

help reduce this risk. Any concerns found were raised with the relevant healthcare professionals in a timely way. However, checks were not being made of specialist mattresses that people had on their beds. It is important to make sure these are at the correct setting to ensure they are effective at reducing the risk of a person developing a pressure sore. The registered manager agreed to immediately put a daily check in place. People were monitored closely to ensure they received enough food and drink to meet their needs. The registered manager and senior staff had regularly reviewed risks in relation to these areas to ensure people received the correct care. The healthcare professionals we spoke with told us they felt risks in these areas had been managed well by the staff in the home.

People who could use their call bell had these within their reach so they could request staff assistance when needed. Records showed that those who could not use the call bell received regular welfare checks during both the day and night.

We looked at three staff recruitment files to ensure they had been subject to the required checks before they started working in the home. Checks had been conducted in relation to the staff member's identity, previous employment and whether they had any criminal convictions or been barred from working within care. However, when needed, the RM had not always recorded their risk assessments in relation to new staff. When we brought this to their attention they made immediate improvements in this area. Also, the full employment history of one of the three staff had not been obtained as is required under the regulations. The registered manager agreed to ensure this was completed in the future.

The provider had conducted other checks in relation to fire safety. These included checks of the fire alarm, emergency lighting and fire extinguishers. The staff we spoke with told us they had received training in fire safety and the training records we saw confirmed this. The fire exits were clearly signposted to help staff in the evacuation of the building. Lifting equipment such as hoists had been regularly serviced in line with the relevant legislation to ensure they were safe to use. The gas system had been tested within the last year and the electrics within the last five years to reduce any risks of malfunction.

Requires Improvement

Is the service effective?

Our findings

We visited the home in January 2017 and rated the home as Inadequate in Effective. At this inspection we have rated Effective as Requires Improvement.

At our last inspection in January 2017, we found that staff had not received sufficient training and supervision to enable them to provide people with effective care. This resulted in a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that some improvements had been made and therefore the provider was no longer in breach of this regulation. However, further improvements are required to ensure that staff have sufficient knowledge and competency to consistently provide people with effective care.

The people we spoke with told us they felt the staff had received sufficient training. One person told us, "I need help with personal care and they support me really well. They know my limitations so will help me to stand." Another person said, "They help move me every so often so I don't get bed sores and they are so careful doing that." A relative told us that they had seen a new staff member during mealtime supporting one person. They said, "I noticed someone undergoing induction training and she was watched over ."

Most of the staff told us they felt the training they had received was to a good standard. They said they received most of their training in a classroom, face to face. Records showed that staff had completed training in a number of topics including fire safety, safeguarding adults, moving and handling, infection control and dementia. Some staff had completed training in other subjects such as pressure care and nutritional training. We noticed that some staff training was overdue for completion. The registered manager told us they were aware of this and that plans were in place for them to complete this training. The registered manager had checked that agency staff had sufficient training before they were able to commencing working within the home.

New staff working in the home completed induction training which covered a number of subjects the provider had deemed as being mandatory. The registered manager told us they had assessed the competency of new staff before allowing them to work with people on their own. However, the records did not show that the assessment covered all aspects of their care practice. For example, they did not show that staff's practice in relation to moving people safely had been assessed. We also saw that one staff member had been working some shifts before they had received their induction training. Although we saw that this member of staff had worked in care for a number of years before joining The Laurels, their competency to do this safely had not been robustly assessed.

All of the staff we spoke with, both new and more experienced, told us they could not recall their competency being assessed. During the inspection we witnessed some poor staff practice and saw that their knowledge was not always sufficient to reduce risks to people's safety. For example, staff were not aware that thickening agent needed to be locked away for people's safety and that the amount of thickener a person needed in their drink had increased. We spoke with the registered manager about these issues. They told us that checks on staff competency had been completed regularly up until February 2017 but had not

been in place since then. They agreed to immediately implement them.

At our last inspection in January 2017, we found that people had not always received enough to eat and drink to meet their individual needs. This resulted in a breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the required improvements had been made. Therefore the provider was no longer in breach of this regulation.

All of the people we spoke with told us the food had improved and that they received enough to meet their needs. One person told us, "The food is much improved. We had a meeting about the quality and menus. We had too many stews, but now we even get curry and chilli. That's down to residents' suggestions so they must listen." Another person said, "There is plenty to eat and it's mostly good and I can ask for something different if I want. One day I fancied a prawn sandwich and they got it for me." A further person told us, "I like the food. We get a nice variety of things to eat so I look forward to my meals." The relatives agreed that the food was good. One relative said, "The meals are good, sizeable portions and the food is appetising and that suits [family member's] needs. The chef is very good." Another relative said, "The meals are great with a good choice. They will adapt if she doesn't like the meal on offer. They are really amenable."

Records showed that most people within the home who were of low body mass index had gained weight since our last inspection. A healthcare professional told us that improvements had been made within this area. They also said that people were in their opinion, hydrated and happy. The staff we spoke with told us they offered people drinks and snacks regularly and that people's intake was monitored closely. This was so they could take remedial action if needed such as offering more food and drink during the day. Records we viewed showed this action had been taken when necessary. People were also offered snacks such as cheese scones, cakes, milkshakes and biscuits.

We observed the lunchtime meal. The food looked appetising and people were given a choice of main meal. For those who may not have remembered the food on offer, pictures were in place to help them choose. Staff assisted those people who required help to eat their meals and gave gentle encouragement to others. People who did not want the main meal had been made an alternative. A choice of drinks was also on offer including both hot and cold drinks. Staff ensured that people had access to drinks on a regular basis throughout the day, both in communal areas and in their rooms. Where required, people were prompted throughout the day to drink fluids.

The chef had a good knowledge about people's specific dietary needs. They told us the communication in relation to this was good. We saw that a record of the speech and language therapist or dietician's advice in relation to people's dietary needs was held in the kitchen. The chef told us they used this information when preparing people's meals. For example, those that required their meals fortified with extra calories received this. They also had a record of people's individual likes and dislikes and were aware of people's cultural preferences in relation to food and drink. They said they had consulted people about the food and implemented some changes to the menu which people had fed back they liked.

The registered manager told us that some people living in the home lacked capacity to consent to and make decisions about their own care. Therefore the staff had to comply with the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can 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).

All of the staff we spoke with had a good knowledge about the MCA and DoLS. They told us they offered people choice and sought their consent. We saw this occurred throughout the inspection. Some staff told us how if people could not decide what they wanted to wear, that they would choose two different outfits they knew the person liked so they could make a choice. Another staff member said they showed people the different snacks on offer to facilitate their choice.

The registered manager had arranged for people's capacity to be assessed when required. If the person had been deemed as lacking capacity to make a decision, relevant people had been involved and consulted to make a decision in the person's best interests. These decisions had been clearly recorded within people's care records.

The registered manager had assessed everyone in the home to see if they were depriving them of their liberty. They had submitted a DoLS application to the local authority where this was felt necessary. They were awaiting the outcome from the local authority. The registered manager confirmed that any restrictions in place were kept under regular review to ensure the least restrictive practice possible was being used.

People received support to maintain their healthcare. The two healthcare professionals we spoke with told us their advice was sought when necessary to assist people with this. They said the staff were very vigilant in relation to people's health needs and always followed their advice. One healthcare professional told us they felt staff's input had a positive effect on people's health and wellbeing. They said the registered manager and staff worked well with them to maintain and improve people's health when needed.

The staff we spoke with had a good knowledge about people's healthcare needs and who to contact should they need to. Records showed that various professionals such as a GP, speech and language therapist (SALT), dietician and district nurse had supported people when required. In most cases, staff had followed the professional's advice. However, we did find one occasion where staff were not thickening a person's drink in line with the SALT guidance.

Requires Improvement

Is the service caring?

Our findings

We visited the home in January 2017 and rated the home as Requires Improvement in Caring. At this inspection we found that some improvements had been made however, we have continued to rate Caring as Requires Improvement.

Although staff were kind and caring, the provider had not ensured that people received a service that was consistently caring. During the inspection we found that some equipment that people used was unclean. Some people reported that they had to often wait for assistance when it was required. Other people's safety had been put at risk by some poor communication and practices within the service.

All of the people we spoke with told us the staff were kind, caring and treated them with respect. Some people told us that the staff's actions made them feel valued as individuals. One person told us, "I have become a friend to many of the carers, that's why my life here is a good one. I give them personal tips and suggestions." Another person said, "I get on well with the staff. They are really nice. They never complain and they will give me a hug and a kiss and when you are like me, you perhaps don't realise the pleasure and confidence it gives me. It so easy to lose confidence if you don't feel people like you." A further person told us, "The staff are so kind and make me feel wanted. I have such fun with them."

The relatives we spoke with agreed with this. One relative told us, "The carers are wonderful. Their attitude to every resident is the same, showing patience and kindness with a pleasant manner. I really believe every single member of staff has the well-being of residents at heart. They are concerned about them. They pop in for a quick chat." Another relative said, "They speak with such kindness to (family member). They are so respectful. They call me by name too and treat me with a smile." A further relative told us, "The carers are lovely and kind and that goes a long way. They are always polite and treat mum with respect. They always knock before entering her room and always call her by name."

The staff we spoke with talked in fond tones about the people they supported. Information about people's life history had been captured for most people. The registered manager told us they tried to obtain this from people or their families as they understood this could help facilitate conversation.

We observed staff being kind, caring and respectful throughout the inspection. Where needed, staff were seen to be reassuring and comforting to people. For example, we saw that one person was distressed. A staff member went to the person, got down to their eye level and quietly and sensitively asked them what was causing their upset. The person replied and the staff member gave them a hug. This relieved the person's distress. Another staff member complimented people who had recently had their hair styled by the hairdresser. People appreciated these compliments and smiled in response.

During lunchtime, people were supported to eat their meal in a dignified manner. Staff were gentle with people. They told them what the food was, ensured that people ate at their own pace and made conversation with them. This made it a nice experience for people.

People told us their independence was encouraged. One person told us, "They know what help I need but they do encourage me to do things for myself." Another person said, "They let me do things myself, that is important to me."

The staff we spoke with understood the importance of encouraging people to remain as independent as they could and of treating them with dignity and respect. One staff member told us how they assisted a person to be independent with an aspect of their personal care. We observed staff encouraging people to get out of chairs themselves and helping them to walk independently. People were given specialist plates and cups so they could eat and drink independently. When people were provided with personal care, the staff ensured that doors to rooms were kept closed to protect their dignity. However, we did see that the walls in two people's rooms, where they spent most of their time, were damaged and in need of decoration. Also, some people's equipment was not clean which may have compromised their dignity. The registered manager told us that a plan was in place to decorate these rooms and a new process was put in place during the inspection to ensure all equipment that people used was cleaned on a regular basis.

People told us they could make decisions about their care. Where they were not able, relatives said they were always involved and kept informed about their family member's health and care. One relative person told us, "I know about my care plan and I know my requirements because I've read them and I've had conversations (with staff) about it." A relative said, "I have read the care plan and we comment on it and amend it if necessary following discussions (with staff)."

We saw that when people moved into the home, they and/or their relative were asked what care they wanted and how this should be provided. Regular group meetings were held with people living in the home and relatives where they could express their views about the care they received. People and/or relatives were invited regularly to review their or their family member's care so they could make decisions about how the care should be delivered. Throughout the inspection, staff were seen offering people choice and respecting their decisions.

Requires Improvement

Is the service responsive?

Our findings

We visited the home in January 2017 and rated the home as Inadequate in Responsive. At this inspection we have rated Responsive as Requires Improvement.

At our last inspection in January 2017, we found that people had not always received care that met their individual needs and preferences. Also, people did not receive adequate stimulation to enhance their wellbeing. This resulted in a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and therefore the provider was no longer in breach of this regulation. However, further improvements are required to ensure that people's care is planned and delivered to consistently meet their needs.

The staff who had worked in the home for a period of time demonstrated that they knew people well. They were aware of their individual routines and how they liked to receive care. One staff member told us how it was important for a person to have plenty of time to receive personal care. For another person, staff demonstrated they respected their religious preferences by not vacuuming their room on a Sunday as they had requested. However, we received mixed feedback from staff regarding whether they could consistently provide people with care that met their individual needs. Some staff said they could usually do this but others said it was difficult and that they felt rushed to provide people with care. Most expressed a passion for wanting to be able to spend more time with people.

On the day of the inspection, we saw mixed responses from staff in relation to meeting people's needs. One staff member immediately supported a person to change their clothing when they wanted to do this. Another provided a person with a blanket when they indicated they wanted one. However, we saw that some people were being assisted with a wash and to get dressed in the late morning. The staff told us this was not in line with people's preferences and was due to a shortage of staff. We also saw one person ring their call bell. A staff member answered it and said they would go back to them as they were busy helping another person get up. However, they did not do this and instead, took the tea trolley around to give people drinks. We spoke with the person who had rung their bell. They told us their request for assistance was not urgent however, staff had not responded to this request. Another person was given a cup of tea and was told they would receive assistance to drink it. This was not given in a timely manner and when it was given, the tea was no longer hot. Another person requested a cup of tea but was told 'we don't have any hot drinks but have some squash,' and was told they could have a hot drink after lunch.

All of the people we spoke with told us they felt the staff met their individual needs and that the regular staff who worked in the home knew them well. One person told us, "All my needs are met." Another person said, "Most staff know me personally. Some are new but they seem to regard it as important to get to know you." A further person told us, "The owner has put in Wi-Fi as I'm on the computer a lot of the time. He adapted my bed so my legs are raised up high. He built a frame to stop my chair sliding. He is very flexible and helpful." The relatives we spoke with agreed that their family member's needs were being met. One relative told us, "I am more than happy with [family member's] care. She is clean, warm, secure and well fed. She is content." Another relative said, "They know [family member] really well and they support her spot on. They are so

patient with those who have dementia. They adapt to all of their very different needs and character traits." A further relative told us, "They know mum's likes and dislikes as well as her physical needs."

People's care needs and preferences had been assessed and regularly reviewed. In most areas, there was clear information in place to guide staff on how to meet these needs. This information covered areas such as but not limited to communication, diabetes, personal care, continence care and people's likes and dislikes. However, not all people's care plans were complete. We spoke with the registered manager about this who told us the format of the care records had been reviewed. They confirmed that new ones were being drafted and we saw some examples of these.

People told us there was adequate stimulation and activities for them to participate in to enhance their wellbeing. The relatives agreed with this. One person told us, "I occasionally get out to the courtyard. They put on an event out there with a snack meal. The co-ordinator always encourages us to take part in things. She is very outgoing and is very helpful and if you want to try something she'll make sure you can do it." Another person said, "I play bingo and do word searches. It would be good to have daily keep fit exercises. I am content and don't get bored." A further person said, "The co-ordinator has got lots of energy and encourages me to get involved. I like the entertainment best. I spend my time sitting with others or watching TV. I'm okay." A relative told us, "The coordinator is lovely. Her lively personality encourages mum to take part and she has asked what mum likes doing. She went on a trip and she's had a special afternoon tea." Another relative said, "The coordinator comes in and talks to her and encourages her to take part."

The staff we spoke with told us they felt the level of stimulation for people had greatly improved. The home employed two members of staff, one of whom worked each day. Their role was to support people to participate in activities to stimulate their wellbeing. We observed the activities co-ordinator to be enthusiastic and passionate about their role. They regularly encouraged people to participate in activities if they wanted to do so.

On the first day of our inspection, we witnessed two activities that took place in different areas of the home. One was a coffee morning and the other an outside 'Elvis' impersonator. People were seen to enjoy the coffee morning where snacks such as scones and cakes had been made for the occasion. The activities co-ordinator facilitated conversations with people about memories, music and what they liked to do. Two people were then taken outside to water their tomato plants.

The entertainment provided by 'Elvis' was greeted with pleasure by the 15 people who attended. Some people who had been quiet and disinterested in their surroundings, suddenly became animated, singing and clapping along with the music. The two staff present went around encouraging people to join in if they wanted to. The activities co-ordinator had arranged for the entertainer to visit people in their rooms if they desired this. One person told us how they particularly enjoyed this. They told us, "The entertainers usually come round to people like me (who are in bed) and have a quick chat or even sing a song." A relative said, "The co-ordinator came in to say Elvis would be going round the rooms so [family member] would get a visit. He's been before and sings a song in each room. It's a cheery occasion."

The activities co-ordinator told us they were aware that some people who spent most of their time in their rooms could be at risk of social isolation. Therefore, they spent time each day visiting these people. They told us they spent time chatting with them or doing pampering sessions such as nail care and hand massage. Some of the people we spoke with confirmed this and said they enjoyed the interaction. The relatives we spoke with told us they were encouraged to visit often and all of the people we spoke with said they could see their relatives whenever they wanted.

For those who wanted to participate in other activities, a gardening club had recently been set up. In the main courtyard, we saw raised beds where people could plant seeds and where colourful flowers were in bloom to provide people with sensory stimulation. The activities co-ordinator had arranged with a local supermarket to have their discarded flowers which people utilised in flower arranging. For those who had religious needs, regular visits from representatives from various faiths had been organised.

People's concerns and complaints were captured, listened to and fully investigated. All of the people we spoke with told us they had not had cause to complain but would feel confident to raise an issue with the staff or registered manager if they felt it necessary. One person told us, "I did complain that they were taking a long time to answer my bell, but it seems to have been better since." In a recent questionnaire sent to relatives, all 11 of them said they knew how to make a complaint if they felt the need to do this.

The registered manager had recorded any verbal and written complaints that had been made. A total of five had been made so far this year. Each of these had been taken seriously, fully investigated and responded to. Apologies had been given where a shortfall had been identified and actions taken to improve the quality of care people received. The registered manager had then followed up with the people who had complained at a later date to ensure they were happy with the response and to check things had improved. For example, some people had complained about the quality of the ham that had been served one lunch time. In response, the provider had contacted the supplier and made some changes. People had subsequently been asked whether the quality of the meat had improved to which they confirmed it had.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in January 2017 the service was rated as Inadequate in Well Led. At this inspection we have rated Well Led as Requires Improvement.

Our previous inspection in January 2017 we identified a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider did not have effective systems in place to assess and monitor the quality of care being provided to people. At this inspection we found that some improvements had been made. However, the provider continued to be in breach of this Regulation.

Not all of the current systems in place to monitor the service were effective at identifying and improving the quality and safety of care provided. We found issues in relation to the management of risk to people's safety that had not been appropriately identified or addressed.

There was no system in place to ensure that people's mattresses were cleaned regularly. The registered manager told us that mattresses were cleaned as part of 'resident of the day' which was where staff conducted a complete review of a person's care. However, this meant they were only cleaned once per month and not when needed. There was no system in place to ensure that all of the equipment people used was kept clean.

After our last inspection in January 2017, the provider told us they had assessed the exposed piping in the home to deem whether it was a risk to people's safety. Where they felt this was a risk, for example if they were hot pipes that could cause burns, they told us action had been taken to reduce the risk by having these pipes covered. However, this had not taken place on all hot pipes. Subsequent monthly health and safety audits that the provider had conducted since January 2017 had not identified the exposed piping we found during the inspection.

The registered manager told us they were aware that having prescribed creams and toiletries unsecure in people's rooms could be a risk to their and other's safety but they had not assessed this risk.

The registered manager had not ensured that communication with staff about changes in people's needs or risks to their safety was effective. The registered manager told us they had advised staff that thickening agents needed to be locked away and that one person's needs had changed in respect of the amount of thickener they required in their drinks. They also said that staff were responsible for cleaning people's equipment. However, staff told us they were not aware of this information or these responsibilities.

On the first day of the inspection, we noted that senior staff were not always available to provide staff with leadership, guidance or to monitor their practice. This resulted in some examples of poor staff practice being used such as leaving equipment blocking fire exits. There was no system in place to monitor staff practice. Also, one person was asked by three different staff what they wanted for lunch. The person was very polite, each time explaining they had already been asked this question but better co-ordination and

leadership would have prevented this from happening.

This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Other systems in place to ensure people received appropriate nutrition and hydration and pressure care treatment were effective. Accident and incidents had been analysed each month for patterns. Action had been taken where necessary to prevent the risk of people being injured through falls. Staff training was also monitored although some staff had not completed training in key subjects although this was planned.

As soon as these issues were raised with the registered manager they took steps in placed to improve existing monitoring systems and communication with staff to decrease the risk to people's safety. They also explained they were aware that the monitoring of staff practice needed improving. They explained that the home had two deputy managers and that one had recently left without giving notice. They had now recruited to this post and plans were in place for the new deputy manager to be on the floor with the staff regularly to provide guidance and to monitor staff practice.

All of the people we spoke with told us they were happy living at The Laurels. The relatives agreed with this. One person told us, "I am so happy here, I don't want for anything." Another person said, "I do like it here because everyone's nice to me and I've got nothing to worry about." A relative told us, "There's good quality care here."

Everyone we spoke with during the inspection told us they felt the quality of care provided had improved and that the home was managed well. Most people knew who the registered manager was and they consistently praised her and staff efforts regarding the care and support provided. They told us they felt the registered manager was friendly, approachable and open. One person told us, "I do feel the place is improving. The staff are more co-operative and before there was back-biting and that has stopped. They would grumble at things to me and I heard them speaking. Now some even stay unpaid after their shift for a time and that's because they care." Another person said, "Everyone seems to get on well and all my needs are met. The manager talks to me. She is very good and things are improving. The new staff are settling in well and are committed to this care home I don't feel it's them and us." A further person told us, "The manager is very nice and chats and the boss is pleasant too."

A relative told us, "[Registered manager] always acknowledges us. She is charming and has made such a difference. She knows every resident and every regular visitor. She appears to have a good rapport with staff. I rate her highly. The owner is an excellent man and if you go straight to him he listens." Another relative said, "[Registered manager] seems nice. She's been taking time out to talk to me about [family member]."

Relatives also told us that communication with them was good. One relative said, "They contacted me straight away when mum had a chest problem and said they were recommending she went to hospital." Another said, "They ring us if they have any concerns." Another relative said they received a newsletter regularly to tell them what was happening in the home and to introduce them to new staff.

The healthcare professionals we spoke with also agreed with this. They felt the quality of care had improved. We saw the registered manager had recently sought the views of a number of visiting professionals. All of the comments made were positive.

We received mixed views from staff regarding the culture in the home and the support and leadership they received. All of them said they worked well as a team. Some said their morale was good and that they felt

valued where as others, did not feel this. They all told us the registered manager was friendly and approachable however, three staff said they would like to see the registered manager out on the floor more to provide direction and leadership which they felt was lacking at times.

People, staff, relatives and healthcare professionals were involved in the development of the service and in improving the quality of care people received. Feedback was received regularly either verbally on a daily basis, in meetings or via questionnaires. We looked at the recent responses from a questionnaire that had been sent out to people, relatives, staff and healthcare professionals. All who answered felt that the quality of care provided in the home had improved and that people living in The Laurels were treated with dignity and respect. The registered manager had put in place an action plan in response to any feedback given. We saw that action had been taken. For example, some people and relatives had expressed a wish the quality of food to be improved and for more variety to me on the menu. In response, the registered manager and the kitchen staff had had a meeting and had reviewed people's food likes and dislikes. New menus had then been designed based around these requirements. Views had also been sought in relation to the activities on offer and changes had been made to support people with their hobbies and interests.

Staff meetings had been held to discuss issues such as meals, health and safety and people's needs. Most staff told us they were happy with the frequency of the meetings but others said they would like more to help the team get to know each other better.

The registered manager had been manager in the home since January 2017 and registered with us in June 2017. They were supported by a deputy manager and senior staff. The registered manager had many years of experience working within the care industry. They demonstrated to us they understood the statutory requirements placed on them and that they understood and knew people who lived in the home well.

The registered manager was open with us and explained they and the staff team had worked hard to improve the quality of care people received. They told us they felt further improvements were needed but were happy with the progress that had been made. They said the provider and staff were supportive and they were confident that the trajectory of improvement would continue. They said they were looking to make further improvements to the environment and to open a dementia café in the home next year to strengthen links with the local community.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to service users' safety had not always been assessed and reasonable actions not always taken to mitigate risks. 12, (1), (2) (a) and (b).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Some areas of the premises and equipment people used were not clean. 15 (1) (a).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Not all of the systems in place were effective at monitoring and improving the safety and quality of care provided. 17 (1) and (2) (a) (b).