

The Laurels Nursing Home (Hastings) Limited

The Laurels Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good	
Is the service safe?	Requires improvement	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We inspected The Laurels on the 25 and 26 November 2015.

The Laurels provides accommodation and nursing care for up to 52 older people, who require personal support and for those that have nursing needs, including poor mobility, strokes, Parkinson's disease, diabetes, and people who were receiving end of life care. The maximum people to be accommodated was 48 as some rooms were doubles and would be used for couples or for those who want to share. There were 44 people living in the home during our inspection.

The original building has recently been added to with a purpose built extension to provide a safe comfortable environment for people living there. Bathrooms were specially designed and doors were wide enough so people who were in wheelchairs could move freely around the building. Accommodation was provided over two floors with communal areas on each floor.

The Laurels Nursing Home is owned by The Laurels Nursing Home (Hastings) Ltd and the organisation has one other care home in the South East.

We last inspected the home in September 2013 and no concerns were identified.

Summary of findings

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 and associated Regulations about how the service is run.

People commented they felt safe living at the Laurels Nursing Home. One person told us, "I feel safe and I'm happy here." Another person said, "I came here as I wasn't safe at home, I'm safe here." However the management of medicines was unsafe and placed people at risk. Some people's essential prescribed medicines were out of stock for up to seven days with no action plan put in place to protect their health.

Whilst care plans and risk assessments for people were in place, not all were reflective of peoples' current needs and therefore not up to date. However when we spoke with the staff, they knew people very well and were knowledgeable of changes to peoples' needs.

People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "Always lots of staff around." A staff member said, "We are really well staffed and this is a reason I stay here, I don't feel pressured and I can do my job well."

Staff had a good understanding of people's needs and treated them with respect and protected their dignity when supporting them. A range of activities were available for people to participate in if they wished and people enjoyed spending time with staff.

There was a focus on providing care and support that focused on the need of the person whilst supporting their individuality and identity. The management team told us, "Our staffing levels and the loyalty of our staff means we can give people the time they need, by staff that know them well." We were also told, "We try to ensure that our residents lead the life they want."

Policies and procedures were in place to safeguard people. Staff were aware of what actions they needed to take in the event of a safeguarding concern being raised. There was an open culture at the home and this was promoted by the management team who were visible and approachable.

People spoke highly of the food. One person told us, "The food is very good; I've got no complaints whatever." Any dietary requirements were catered for and people were given regular choice on what they wished to eat and drink. Risk of malnourishment was assessed and where people had lost weight or were at risk of losing weight, guidance was in place for staff to follow.

People told us they were happy living at the Laurels Nursing Home. One person told us, "I've been here since last year, and I'm glad I came, I like the staff and I have made friends." Staff spoke highly about the people they supported and spoke with pride and compassion when talking about people. People's privacy and dignity was respected and staff recognised that dignity was individual and should be based on what each person wants.

The provider had processes to support staff to carry out their roles safely and effectively. Staff were encouraged to take further qualifications to develop their careers.

Pre-employment checks for staff were completed, which meant only suitable staff were working in the home.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The provider, manager and staff had an understanding of their responsibilities and processes of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff said the management was fair and approachable, care meetings (handovers) were held after each shift to discuss people's changing needs and how staff would meet these. Staff meetings were held monthly and staff were able to contribute to the meetings and make suggestions. Relatives said the management team was very good; and were always available, they would be happy to talk to them if they had any concerns and residents meetings provided an opportunity to discuss issues with other relatives and staff.

The provider had systems in place to review the support and care provided. Audits were undertaken regularly, including those for care plans, medicines and health and safety. Maintenance records for equipment and the environment were up to date, such as fire safety equipment and hoists. Policies and procedures had been reviewed and updated and were available for staff to refer

Summary of findings

to as required. Staff said they were encouraged to suggest improvements to the service and relatives told us they could visit at any time and they were always made to feel welcome and involved in the care provided.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 Laurels was not consistently safe. Medicines were stored safely. However poor recording and out of stock medicines placed people at risk of not receiving their prescribed medicines.

There were systems in place to make sure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks. However the documentation did not fully reflect the actions taken by staff to ensure the safety and well-being of people.

Staff had received training on safeguarding adults and were knowledgeable about the signs of different forms of abuse and knew how to report it. Visitors were confident that their loved ones were safe and supported by the staff.

There were systems in place to make sure risks to people's health and well-being were assessed and measures put in place where possible to reduce or eliminate risks.

Comprehensive staff recruitment procedures were followed.

There were enough staff to meet people's individual needs. Staffing arrangements were flexible to provide additional cover when needed, for example during staff sickness or when people's needs increased.

Requires improvement



Is the service effective?

The Laurels was effective. Staff received ongoing professional development through regular supervisions. Both fundamental training and training that was specific to the needs of people was available and put in to practice on a daily basis.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were provided with food and drink which supported them to maintain a healthy diet.

Staff ensured people had access to healthcare professionals when they needed it.

Good



Is the service caring?

The Laurels was caring. The manager and staff approach was to promote independence and encourage people to make their own decisions.

Staff communicated effectively with people and treated them with kindness and respect. Staff ensured that people's equality and diversity needs were respected.

Good



Summary of findings

People were encouraged to maintain relationships with relatives and friends. Relatives were able to visit at any time and were made to feel very welcome

Is the service responsive?

The Laurels was responsive. People had fulfilling lives because they were fully engaged in activities that were meaningful to them.

People's support was personalised and care plans identified the care to be delivered.

People and visitors were given information about how to raise concerns or to make a complaint. Relatives meetings had been introduced to encourage relatives to provide feedback.

People told us they felt able to talk freely to staff or the management team about their concerns or complaints.

Good



Is the service well-led?

The Laurels was well-led. The management team promoted a positive culture which demonstrated strong values and a person centred approach.

There were effective systems in place to assure quality and identify any potential improvements to the service being provided.

Forums were in place to gain feedback from staff and people.

Feedback was regularly used to drive improvement.

Good



The Laurels Nursing 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.

We visited the home on the 25 and 26 November 2015. This was an unannounced inspection. The inspection team consisted of two inspectors.

During the inspection, we spoke with 16 people who lived at the home, five relatives, eight care staff, four registered nurses, the providers, deputy manager and the registered manager. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the lounge areas. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority, looked at safeguarding concerns that had been raised and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We also contacted the local authority to obtain their views about the care provided in the home.

During the inspection we reviewed the records of the home. These included staff training records and procedures, audits, four staff files along with information in regards to the upkeep of the premises. We also looked at ten care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at The Laurels Nursing Home. This is when we looked at their care documentation in depth and obtained their views on how they found living at The Laurels Nursing Home. It is an important part of our inspection, as it allowed us to capture information about a selected group of people receiving care.

Is the service safe?

Our findings

People told us they felt safe and were confident the staff did everything possible to protect them from harm. They told us they could speak with the manager and staff if they were worried about anything and they were confident their concerns would be taken seriously and acted upon, with no recriminations. People told us they were, "Safe and no worries at all," and "I feel safe with everything," and "I feel safe both with the building and the staff." Visitors told us "I am very happy with the staff, they take the stress away and I know my mother is safe and everything is really good." However we found there were shortfalls which compromised people's safety and placed people at risk from unsafe care.

Whilst the provider had arrangements in place for the management of medicines, we found shortfalls in the ordering, and recording of medicines which were potentially unsafe. This placed people at risk of not receiving their prescribed medicines. We looked at charts for 14 people. Three people's essential prescribed medicines were out of stock for seven days. This meant their medical condition was not being safely treated. No advice or guidance was in place should the person experience any side effects and become unwell. Another person had not received their anti-seizure medicine as prescribed, which placed them at risk from seizures.

We found a large number (in excess of 15) of staff signature omissions (identified as gaps) in eight medication administration records (MAR). Nurses are required to sign on the MAR that the prescribed medicine had been administered to the correct person after it had been taken. These gaps had not been identified by the nurse administering medicine on the next shift, and had not been followed up to determine whether it was a missed signature or a missed dose. Nurses when asked, could not confirm whether the medicine had been administered. One person was prescribed an antipsychotic to be given at night to aid sleep but staff gave it at lunchtime for agitation. We queried this with staff and were told the doctor had agreed this prescription change but it was not documented or reflected on the person's MAR sheet or care plan.

People were at risk of not receiving medicine as they required it, such as pain relief due, to lack of guidance and risk assessments. These are known as PRN medicines. We looked at eight people's care documentation that had been

prescribed PRN medicines. They should only be offered when symptoms are exhibited. Such as pain relief medication and sedation. Clear guidance and risk assessments must be available for when PRN medicine should be administered and the steps to take before administering it. People who received PRN did not all have a PRN care plan detailing when the medicine should be administered. PRN pain relief should have a corresponding pain chart so staff have the information on how effective the pain relief medication was and whether the GP should be informed to consider whether a different approach should be taken. The provider had not ensured that there were sufficient quantities of medicines to ensure the safety of service users and to meet their needs and had not ensured the proper and safe management of medicines; These issues were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Risks to peoples' health and safety were well managed by knowledgeable staff. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included, falls, skin damage, behaviours that distress, nutritional risks including swallow problems and risk of choking and moving and handling. For example, cushions were in place for those that were susceptible to skin damage and pressure ulcers. The care plans also highlighted health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. Guidance for staff to recognise when their blood sugar was either too high or too low was in place for staff to refer to. People who live with diabetes need regular eye checks and foot checks as the disease has potential side effects. These were in place and evidence that risks to their health were mitigated. However we did find that the knowledge of staff was not always clearly documented and the documentation was not always up to date. We discussed the quality of the documentation with the registered manager and provider, who acknowledged that improvements were needed to ensure the documentation reflected the care delivered. People told us that they received the care they needed. One person said, "I have had a problem with my legs but staff are spot on and I get good care."

Is the service safe?

Information from the risk assessments were transferred to the main care plan summary. Staff had an in-depth handover on each shift. This meant staff were given clear and up-to-date information about how to reduce risks. For example, one person had lost weight and once identified, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified at risk weekly and two weekly and updated the GP regularly. The latest review for one person had recorded that the risk had reduced, and staff continued to make sure the person was offered snacks and fortified foods. This was monitored closely by staff.

Staff received training on safeguarding adults. Staff knew who to contact if they needed to report abuse. They gave us examples of poor or potentially abusive care they had seen and were able to talk about the steps they had taken to respond to it. Staff were confident any abuse or poor care practice would be quickly spotted and addressed immediately by any of the staff team. Policies and procedures on safeguarding were available in the office for staff to refer to if they needed.

We observed people being safely supported to move from a wheelchair to armchair with the support of appropriate equipment. We observed that staff were mindful of the person's safety and well-being whilst being moved. Staff offered support and reassurance to the person being moved. People told us they felt safe whilst being moved by staff. One person said, "Staff reassure me and I feel safe."

The incident and accident records were being monitored and the manager had introduced regular meetings with staff to discuss ways of preventing repeated falls whilst still encouraging independence. Staff used these meetings for reflecting on current practices and ways to improve.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Equipment such as hoists and wheelchairs were stored securely but were accessible when needed. Regular checks on lifting equipment and the fire detection system were undertaken to make sure they remained safe. Hot water outlets were regularly checked to ensure temperatures remained within safe limits. Gas, electrical, legionella and fire safety certificates were in place and renewed as required to ensure the premises remained safe. People's ability to evacuate the building in the event of a fire had been considered and where required, each person had an

individual personal evacuation plan. The provider employed a dedicated maintenance team who was responsible for overseeing the safety of the environment and premises.

People and staff felt staffing levels were sufficient to meet the needs of the people they supported. One person told us, "I think we are very lucky here – plenty of staff to help us." Another person told us, "I have never been concerned about staffing levels." Visitors commented, "Always visible staff, especially in the communal areas." Staffing levels consisted of three registered nurses and eleven care staff, alongside the management team (registered manager and deputy manager) in the morning. The afternoon staffing levels decreased by two care staff and one registered nurse. Staff told us that generally the afternoons were quieter as people liked to relax.

On the days of the inspection, we observed The Laurels Nursing home to be calm with a relaxing atmosphere. From our observations, people received care in a timely manner. Staffing levels were sufficient to allow people to be assisted when they needed it. We saw staff giving people the time they needed throughout the day, for example when supporting people with personal care and ensuring that they were ready to attend appointments or their chosen social activity. Staff were unrushed and this allowed people to move at their own pace. We also saw staff checking people discretely when they had returned to their rooms during the day. This ensured that people who were physically frail got the care they required to prevent pressure damage. One care staff told us, "Compared to other homes we have plenty of staff, it takes the pressure of us." We spoke with a health professional who regularly visited the home who said that staff were always polite, well-informed and available to assist them if needed."

We spent time looking at the call bell responses (recorded by the home). People's call bells were answered promptly (within seconds or minutes);

People were protected, as far as possible, by a safe recruitment system. Staff told us they had an interview before they started work. The provider obtained references and carried out disclosure and barring service (DBS) checks. Records had a completed application form listing staffs previous work history and skills and qualifications. Nurses employed by the provider of The Laurels and bank nurses all had registration with the Nursing Midwifery Council (NMC) which were up to date.

Is the service effective?

Our findings

People told us, “Excellent here, they worry I’m not eating enough, but I eat when I feel hungry, but it’s good they are keeping an eye on me,” and “We know that they are trained to look after us, I see the doctor when I need to, I have also seen an optician and dentist.” A visitor said, “I am impressed with the staff they seem very clued up and able to answer my questions about my mothers’ care.”

The management team organised all staff training and worked with staff regularly to underpin what was needed in the training sessions. These sessions contributed towards staff supervisions by giving staff and the registered manager an opportunity to share and reflect on their practise. Staff received training in safeguarding, food hygiene, fire evacuation, health and safety and infection control. Staff completed an induction when they started working at the service and ‘shadowed’ experienced members of staff until they were competent to work unsupervised. Staff also received additional training specific to peoples’ needs, for example care of catheters dementia care and end of life care provided by the local hospice. Additionally, there were opportunities for staff to complete further accredited training such as the Diploma in Health and Social Care. One member of staff said, “All the staff get training. I have completed an National Vocational Qualification in Care -Level 2. We all complete mandatory training.”

We saw that staff applied their training whilst delivering care and support. We saw that people were moved safely, that they received assistance with eating and drinking, all undertaken in a respectful and professional manner. Staff also showed that they understood how to assist people who were becoming forgetful. Staff ensured clocks were correct and people were reminded of the day and date in order to re-orientate people and lessen their anxiety of forgetting things.

Staff received supervision regularly. Feedback from staff and the registered manager confirmed that formal systems of staff development, including an annual appraisal was undertaken. The registered manager told us, “It’s important to develop all staff as it keeps them up to date, committed and interested.” Staff told us that they felt supported and enjoyed the training they received. Comments included, ‘interesting, valuable and the RN (registered nurse) works with us on the floor to make sure we do things correctly.’

People commented they felt able to make their own decisions and those decisions were respected by staff. The staff we spoke with understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow appropriate procedures in practice. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff undertook a mental capacity assessment on people admitted to the home and this was then regularly reviewed. Staff were aware any decisions made for people who lacked capacity had to be in their best interests. There was evidence in individual files that best interest meetings had been held and enduring power of attorney consulted. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard the nurse say, “would you like your tablets now, and have you any discomfort.” Care staff were heard asking, “Can I help you to the dining room for lunch,” and “Would you like me to help cut up your food?”

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). During the inspection, we saw that the manager had sought appropriate advice in respect of these changes in legislation and how they may affect the service. The registered manager knew how to make an application for consideration to deprive a person of their liberty and had submitted applications where they were deemed necessary. The registered manager confirmed that she had attended a training day provided by the local authority and will be cascading training to other staff.

People told us the food was good and we saw staff asked them what they wanted at mealtimes and with drinks in between. People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. People told us that their favourite foods were always available, “They know what I like and don’t like, always give me my preferred drink, meals are good.” A nurse told us, “People have a nutritional assessment when they arrive. We can cater for diabetic, vegan, soft or pureed and any other special diets. We don’t have any gluten free or cultural preferences at the moment but the chef would be able to meet any dietetic requirement.”

People’s weight was regularly monitored and documented in their care plan. Staff said some people didn’t wish to be weighed and this was respected, “We notice how their

Is the service effective?

clothes fit, that indicates weight loss or weight gain if they don't want to be weighed." The registered manager said, "The kitchen staff and staff talk daily about people's requirements, and there is regular liaison with Speech and Language Therapists (SALT) and GP." The staff we spoke with understood people's dietary requirements and how to support them to stay healthy.

We observed the mid-day meal service. People either ate in their room or in the dining areas. The dining areas were attractive with good light. Tables were set with condiments and glasses and people could choose where they sat. People told us they could choose where they ate, "The staff always ask me where I would like to take my meals, alone or in the dining area." One person who ate in their room said, "I prefer it, it's what I want, I go down occasionally but it's nicer to eat here, I do go down to parties and festivities though." Another person said, "I like sitting in my chair to eat, it's what I did at home." We saw that staff supported people to enjoy a glass of sherry or wine if that was what people wished. One person said, "I am looking forward to my glass of sherry it's a tradition." The food was well presented, people were offered condiments and were seen to enjoy their meals. Staff recorded amounts eaten and ensured people ate a healthy diet. Fresh fruit was offered at meal and drink times. We were also told that snacks were available during the evening and night if someone felt hungry. One staff member said, "The kitchen is always open we can access bread, cheese and soups."

The Laurels provided care and support to people with swallowing difficulties, for example following a stroke. For people assessed with a swallowing difficulty, the use of thickened fluids when drinking was required to minimise the risk of choking and aspiration. Thickened fluids are easier to swallow; however, the quantity and texture must

be appropriate for the individual as otherwise they can place the person at risk of aspiration. Nursing staff were responsible for the management of thickened fluids and guidance was in place on the required texture of thickened fluids. Input from dieticians and speech and language therapists were also sourced. Guidance was readily available in people's care plans about any special dietary requirements such as a soft diet. One person's care plan had a report which identified they required a 'soft, moist diet'. We saw that this was followed. Staff informed us that this person was eating very little and their food intake chart reflected this. Staff told us of various ways they fortified people's food, "We use cream for soups and add cream to sauces, we make milk shakes as well."

People's health and wellbeing was monitored on a day to day basis. Staff understood the importance of monitoring people for any signs of deterioration or if they required medical attention. One care staff told us, "Some people may be unable to tell us if they feel unwell, however, signs such as not eating, facial expressions or not being themselves may indicate to us something isn't right." People had regular access to healthcare professionals and GP's visited the home when required. A GP we spoke with felt staff were good at escalating any concerns and following their advice.

Each person had a multi-disciplinary care record which included information when dieticians, SALT and other healthcare professionals had visited and provided guidance and support. Input was also sourced from the falls prevention team, Parkinson's nurse and tissue viability nurse. People felt confident their healthcare needs were effectively managed and monitored. One person told us, "If I'm ever unwell, they always get the nurse for me."

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives stated they were satisfied with the care and support they received. One person said, “The care here is good, very kind and caring. Nothing is too much trouble.” Another person said, “Wonderful, I am only here for a short time, but I don’t know if want to leave, they have been so kind and caring.” Other comments included, “Everyone is so kind and helpful, I never feel rushed or a nuisance, they are wonderful, “They are very good at care”, “Oh yes, I am well looked after,” and “I’m very satisfied with the care.” Visitors were complimentary about the kindness of staff, “Really kind and caring, always smiling and friendly,” and “I would recommend this home to everyone and I have. It’s a good place, kind staff and very good care.”

We saw that people’s differences were respected and people were supported to live their life in the way they wanted. We were able to look at all areas of the home, including people’s own bedrooms. We saw rooms held items of furniture and possessions that the person had before they entered the home and there were personal mementoes and photographs on display. We spoke to people that preferred to spend time in their room. One person told us, “I am really happy in my room, I have all my things around me, my photos and books. If I wanted to go down to sit in the lounge, I can, staff respect that I have my own mind.” Another told us, “We get the choice of how we spend our time, but it’s always our own decision, respect is shown to us in every way.”

We saw staff who strove to provide care and support in a happy and friendly environment. We heard staff patiently explaining options to people and taking time to answer their questions. We also heard laughter and good natured exchanges between staff and people throughout our inspection. One person said, “The staff have a great sense of humour, and are very kind and caring.” Another said, “It’s homely, clean and comfortable, I am cared for and I love the staff, if I have to be anywhere, I’m glad it’s here, everyone is kind.”

People were consulted and encouraged to make decisions about their care. They told us they felt listened to. One person said, “I feel that they listen to me, and allow me to make my own care decisions. “ A relative told us, “They keep us well informed, I feel supported and feel my

thoughts count.” Another relative said, “We are always consulted and involved, nothing is changed without talking it through.” The registered manager told us, “We support people to do what they want, we put the residents first, and they are the centre of our home.” We saw staff ask and involve people in their everyday choices, this included offering beverages, seating arrangements and meals.

Staff told us how they assisted people to remain independent, they said, “We encourage residents to be independent as long as possible. Two people have their mobility scooters and they go out and about.” Another told us, “If someone is struggling to eat, instead of taking over, we try different ways to make it easier, such as plate guards and special cutlery.” We saw staff encourage and support people to walk and eat and drink independently. One person told us that staff were “So supportive and kind, I walk slowly and it must be irritating but they let me go at my own pace, and I find that so kind.” Another person said, “The staff understand how important my independence is, I need to be able to make my own decisions and they support me 100%”.

People’s preferences were recorded in the care plans and staff had a good understanding of these. There was information about each person’s life, with details of people who were important to them, how they spent their time before moving into the home, such as looking after their family or employment, hobbies and interests. Staff said they had read the care plans and told us each person was different, they had their own personality and made their own choices.

People’s privacy and dignity was protected when staff helped them with personal care and bedroom doors remained closed as people were assisted to wash and get up. We saw staff encouraged one person to return to their bedroom to change, although they wanted to remain in the lounge, staff spoke quietly with them, encouraged them and they agreed to change their clothes. Staff told us, “We have to remember it’s their home. We won’t go wrong if we remember that” and, “People need a lot of support with their personal care and we keep in mind at all times that some things are very private. We just need to imagine how we would feel if it was us or a relative.” People were supported to maintain their personal and physical appearance. People were dressed in the clothes they preferred and in the way they wanted. People had their handbags to hand which provided them with reassurance.

Is the service caring?

People wore jewellery and makeup which represented their identity. The Laurels had a dedicated hair salon room which people enjoyed attending. This showed staff understood the importance of privacy and dignity when providing support and care.

People received nursing care in a kind and caring manner. Staff spent time with people who were on continuous bed rest and ensured they were comfortable, clean and pain free. Staff ensured those who were not able to drink and eat had regular mouth and lip care. People told us that they were in a lovely home and felt staff understood their health restrictions and frailty. Staff were mindful of people's family circumstances. For example, when people suffered a bereavement staff supported them by offering support in a number of ways, including attending funerals with them. We also saw that a member of staff supported families emotionally following their death and attended funerals of the people they cared for. The manager said "It's something that is important for us as a staff team because the staff get to know the residents so well and it's important for the family as well."

People's equality and diversity needs were respected and staff were aware of what was important to people. One person liked to wear make-up, nail varnish and particular clothing to reflect their lifestyle and staff supported them to do this. Staff said to them, "You look lovely today, that colour looks lovely on you, would you like me to redo your nail varnish? The person was assisted to put some make-up on and nail varnish of their choice. Another person liked to look smart and have their handbag with them as they sat in the lounge. Staff ensured their handbag was with them as they were transferred from their room to the lounge and it was positioned so that it could be easily accessed.

Visitors were welcomed throughout our visit. Relatives told us they could visit at any time and they were always made to feel welcome. The registered manager told us, "There are no restrictions on visitors." A visitor said, "I visit at different times and am always welcomed with a big smile."

Care records were stored securely in the office area. Confidential information was kept secure and there were policies and procedures to protect people's confidentiality. Staff had a good understanding of privacy and confidentiality and had received training pertaining to this.

Is the service responsive?

Our findings

People told us that the service responded to their needs and concerns. Comments included, “I only have to mention a problem and it’s dealt with,” and “We can talk to staff at any time, about anything.” We were told that activities were always available if they wanted them, and people could choose what they did every day. Staff told us, “We have a dedicated activity team and try to ensure that people do something that is meaningful.” One person told us they enjoyed the garden when it was nice weather and another said “I go out with my friend and staff support me.” We were also told, “I have recently had problems with my health and staff immediately took care of it.”

People received care which was personalised to reflect their needs, wishes and aspirations. Care records showed that a detailed assessment had taken place and that people were involved in the initial drawing up of their care plan. They provided detailed information for staff on how to deliver peoples’ care. For example, information was found in care plans about personal care and physical well-being, communication, mobility and dexterity.

We were told care plans were reviewed monthly or when people’s needs had changed. This was to ensure that people’s care plans always remained current. Work was being undertaken to improve care documentation, and the provider confirmed that staff were to receive training in care planning. The daily handover was very thorough and gave all staff the opportunity to discuss peoples care. Daily records provided information for each person, staff could see at a glance, for example how people were feeling and what they had eaten. For people who were on continuous bed rest, staff documented all interactions. This ensured that the care was person and not task based.

Activities were provided and a programme was displayed in areas around the home. We also saw a member of the activity visit people to give them a copy so they had a chance to look at it and make plans. The coming month was very busy preparing for Christmas and many Christmas themed activities were planned. One person said, “We are so busy, it’s wonderful.” A visitor said, “We can join in and its good fun.” The home also supported people to maintain their hobbies and interests. We spoke to one person who had just participated in an art class and was thrilled, “I was in my youth, an amateur artist, so being able to paint was lovely.” Another person said, “I like to be left to my own

devices and this is respected. I join in when I want to, I have made friends here, and I don’t feel bored at all.” We met some husbands and wives who were supported to spend quality time with each other whilst also joining in activities of their choice. The home provided people with a choice of daily newspapers that certain people valued. We saw resident led group’s playing cards and board games throughout the inspection. Staff came and showed interest but didn’t interfere. One person said, “It means that we can just be ourselves and take control, that means a lot.”

People returned to their room at a time they decided. One person said, “I get weary in the afternoon and like to return to my room and have a nap.” The choice of activities were discussed at resident meetings and chosen by people. Everyone was offered the choice but some chose not to partake. People were very clear about how they spent their time. One person said, “I prefer my own company, I am asked if I want to join in, but unless it’s a special event I don’t.” Another said, “I know they play games and other things, but at my age I prefer to relax and snooze.” Other comments included, “They have special events sometimes which are nice and I enjoy the exercises, and “I have my newspaper and I have regular visitors, I enjoy it when we have an entertainer, but don’t feel the need to be constantly entertained.” Five people we spoke with enjoyed staying in their room, either reading or watching their television or listening to their radio.

The home encouraged people to maintain relationships with their friends and families. One person said, “My friends and relatives visit regularly and are always welcomed.” Another said, “I feel the home is welcoming, my family visit regularly, staff always pop in and chat to them and offer them a drink.” We saw that visitors were welcomed throughout our inspection and the interactions were warm and friendly. Visitors were complimentary about the home, “Very welcoming, and friendly,” and “Lovely home, clean and very well-maintained.”

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning were recorded. The procedure for raising and investigating complaints was available for people. One person told us, “If I was unhappy I would talk to the manager or any of the staff, they are all wonderful”. The registered manager said, “People are given information about how to complain. It’s important that you reassure

Is the service responsive?

people, so that they are comfortable about saying things. We have an open door policy as well which means relatives and visitors can just pop in." A visitor said, "If I had a complaint, I would speak to the manager, who is so visible and approachable, always there to talk to if I need to."

A 'service user / relatives' satisfaction survey', had been completed in the spring 2015. Results of people's feedback

was used to make changes and improve the service, for example menu and choices of food. Resident meetings were held monthly and people were encouraged to share feedback on a daily basis and visitors and people confirmed this.

Is the service well-led?

Our findings

People were relaxed and comfortable in the presence of the management team. The management team knew people and their relatives by name and made time to time and engage with people. People and staff spoke highly of the registered manager. One person told us, "The home is managed very well."

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures. Areas of concern had been identified and changes made so that quality of care was not compromised. Where recommendations to improve practice had been suggested, they had been actioned. For example, medicine storage issues were identified. This had been actioned and medicines were now stored within the recommended temperatures. We found shortfalls in the management of medicines for the month of November 2015. Audits from before this had identified some errors and action had been taken. We have identified this under the sage question within the report.

The registered manager has been in post for eight years and spoke proudly of the staff team. She spoke of staff who were loyal and had worked in the home for many years. One of our strengths is the staff we have working here, we are very family oriented care home." Family values were embedding into the running of the home. Every staff member was aware of the philosophy and visions of the home, commenting that they valued how the home operated as one big family.

From our discussions with relatives, staff, the manager, the provider and our observations, we found the culture at the home was open and relaxed. Care and support focused on providing the support people living at The Laurels Nursing Home needed and wanted. Relatives and staff said the manager was always available and they could talk to them at any time. We observed the manager sitting with people and talking to them throughout the inspection. Relatives said the management of the home was very good, they could talk to the manager and the deputy manager when they needed to and staff were always very helpful. One relative said, "The home is well led, the manager and the deputy are always here and keep any eye on what is going on."

The registered manager took an active role within the running of the home and had good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the management structure. The service had notified us of all significant events which had occurred in line with their legal obligations.

People, friends and family and staff all described the management of the home to be approachable, open and supportive. People told us; "Always available and very approachable," and "So understanding and ever such a lot of help." A relative said; "The management have time for you, they will stop and talk and most importantly listen." A staff member commented; "The management are supportive, they work with us, they're not just stuck in their office, but they can be very strict, which is good."

The manager worked with staff to provide a good service. We were told, "She leads by example and works alongside us." Staff told us they were happy in their work, understood what was expected of them and were motivated to provide and maintain a good standard of care. Comments included; "Love it here, everybody gets on and we work as a team," and "I was made welcome when I first came here to work, it's a small home and we can do our job well because of that."

The registered manager told us one of their core values was to have an open and transparent service. The provider sought feedback from people and those who mattered to them in order to enhance their service. Friends and relatives were encouraged to be involved and raise ideas that could be implemented into practice. For example, relatives had been involved in the development of activities and meals. People and relatives told us they felt their views were respected and had noted positive changes based on their suggestions. One person told us, "There are opportunities to make suggestions and I'm not shy in putting forward ideas."

Staff told us the people were important and they took their responsibility of caring very seriously. They had developed a culture within the service of a desire for all staff at all levels to continually improve. For example they were offered staff training opportunities in such areas as end of life and management courses.

Staff meetings were regularly held to provide a forum for open communication. Staff told us they were encouraged

Is the service well-led?

and supported to question practice. If suggestions made could not be implemented, staff confirmed constructive feedback was provided. For example, one staff member told us they had brought up an issue. They said; “I felt listened to, although the process could not be changed, and I now I have a better understanding behind the reason we need to do certain things.”

Information following investigations into accidents and incidents were used to aid learning and drive quality across the service. Daily handovers, supervisions and meetings were used to reflect on standard practice and challenge current procedures. For example, infection control measures were improved following review.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Regulation

Accommodation for persons who require nursing or personal care

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The provider had not ensured the proper and safe management and administration of medicines including as required medicines. Regulation 12 (1) (f) (g) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.