Embrace (Derby) Limited

The Laurels

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

This inspection took place on the 7 and 8 July 2015 and was unannounced.

The Laurels is registered to provide accommodation, personal care and nursing care for up to 45 older people, including people living with a physical disability and dementia. There were 30 people using the service at the time of our inspection.

The service had a registered manager. 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.

People told us they felt safe living at The Laurels. The staff team had received training on how to keep people safe from harm. Not all the relatives we spoke with felt their relative was safe, but that was because of their deteriorating health conditions which they thought made them more vulnerable, not because of how they were cared for.

Summary of findings

Risks associated with people's care and support had been assessed when they had first moved into the service. This was so the staff team could provide care and support in the safest possible way. Where risks had been identified, these had been regularly reviewed and all possible steps had been taken to minimise the risks to better protect people's health and welfare.

Recruitment checks had been carried out when new members of staff had been employed. This was to check that they were suitable to work at the service. The staff team had received training relevant to their role within the service and on going support had been provided.

People received their medicines as prescribed by their doctor and medicines were being managed in line with the provider's policies and procedures.

The staff team we spoke with told us that there were currently enough staff members on each shift to meet the current care and support needs of those they were supporting. Not all of the relatives we spoke with agreed with this. Our observations showed us that one person who used the service, who was calling for some pain relief, had to wait ten minutes before their call bell was answered. This was shared with the registered manager who said this would be looked into.

People's consent to the care and support they were to receive had been obtained when they first moved into the service and staff involved them in making decisions on a daily basis. For people unable to give consent, decisions had been made in their best interests by someone who knew them well. The registered manager was working in line with the Mental Capacity Act 2005 and associated Deprivation of Liberty Safeguards.

People's thoughts on the meals served at The Laurels were varied. Some people thought they were good, some people not so. People's nutritional and dietary requirements had been assessed and a nutritionally balanced diet was being provided. For people assessed to be at risk of not getting the food and fluids they needed to keep them well, records had been kept showing their food and fluid intake.

People who used the service had access to the required healthcare services, were supported to maintain good health and received on going healthcare support.

Throughout our visit we observed the people who used the service being treated in a caring and considerate manner. They were involved in making choices about their care and support and when they made their choices, these were respected by the staff team.

Staff meetings and meetings for the people who used the service and their relatives were being held and surveys were being completed. This provided people with the opportunity to be involved in how the service was run.

There were systems in place to regularly check the quality and safety of the service being provided and regular checks had been carried out on the environment and on the equipment used to maintain people's safety.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was not consistently safe.

People living at The Laurels told us they felt safe. Risks associated with people's care and support had been assessed and managed. An effective recruitment process was in place so that only suitable people worked at the service. There were not always sufficient numbers of staff suitably deployed at the service.

Requires improvement

Is the service effective?
The service was effective.

The staff team had the skills, knowledge and support they needed to enable them to meet the needs of those in their care. People's consent to their care and treatment was always obtained and people's health and nutritional care needs were met.

Good

Is the service caring?
The service was caring.

People told us the staff team were kind and caring and we observed the staff treating people in a considerate manner. People were supported and encouraged to make choices about their care and support on a daily basis and their privacy and dignity were, mostly maintained.

Good

Is the service responsive?
The service was responsive.

People's needs had been assessed before they moved into The Laurels and they had been able to contribute to the planning of their care. People were supported to maintain relationships with those important to them and relatives and visitors were encouraged to visit at any time. People knew how to raise a concern.

Good

Is the service well-led?
The service was well led.

People were given the opportunity to have a say on how the service was run. The staff team were aware of the provider's aims and objectives and they felt supported by the registered manager. There was a quality assurance system in place to monitor the quality of the service being provided.

Good

The Laurels

Detailed findings

Background to this inspection

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

Before our inspection, we reviewed information we held about the service and notifications that we had received from the provider. A notification tells us about important events which the service is required to tell us by law. We contacted the commissioners of the service to obtain their views about the care provided. The commissioners had funding responsibility for some of the people that used the service. We also contacted other health professionals involved in the service to gather their views.

We inspected the service on 7 and 8 July 2015. The inspection was unannounced. 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.

We were able to speak with 15 people living at The Laurels, ten members of the staff team and the registered manager.

We observed care and support being provided in the communal areas of the home. This was so that we could understand people's experiences. By observing the care they received, we could determine whether or not they were comfortable with the support they were provided with. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records about people's care and how the service was managed. This included four people's plans of care, people's medication records, staff training records and the quality assurance audits that the registered manager completed.

Requires improvement

Is the service safe?

Our findings

People who were able to talk with us told us they felt safe living at The Laurels and felt safe with the staff team who looked after them. One person told us, "I chose this home and I do feel safe." Another person explained, "I have been here for 3 years, my daughter got me here and I feel safe."

The majority of relatives we spoke with felt that their loved ones were safe but two told us that their relatives were becoming more vulnerable because of their deteriorating health. One relative explained, "I am very happy for [their relative] to be here, they are safe and looked after very well." A second relative told us, "My [relative] is becoming vulnerable and is not safe here. There are occasions when no one seems to bother. I visit her every day." Records seen confirmed that the person's care needs were being met by the staff team. We discussed the relatives concerns with the registered manager. They told us they had met with the relative to discuss their concerns but would meet with them again to talk through their concerns further.

People who used the service told us that most of the time there were enough staff members on duty to meet their current support needs. One person told us, "I can say they respond, though it takes five to ten minutes to answer the call some times." Another told us, "They always come when I ring my bell."

Relatives we spoke with gave mixed responses to our question of whether there were enough staff members on duty. One relative told us, "Sometimes they could do with a few more [staff] but normally there are enough to do what they need to do. When my [relative] had a fall, they were here within a minute." Another told us, "It takes something like half hour at night before the call is answered." We discussed this with the registered manager who was unaware of this. They said they would look into it.

Staff members we spoke with told us that they felt there were currently enough staff members on each shift to properly meet people's needs. One told us, "I feel there are enough of us at the present time." Another explained, "Sometimes it can be a bit of a push, but we manage."

During the morning of our visit we found there were times when there was no staff member present in the lounge area and people were left unattended. However this was whilst the staff team were bringing people into the lounge ready for an activity. One of the people who used the service had shown an interest in attending the activity being provided on the first day of our visit. A staff member explained that they would get another member of staff to help them to hoist them into a wheelchair. This did not happen and the person missed the activity.

Both the registered manager and the registered nurses we spoke with were aware of their responsibilities for keeping people safe. They knew the procedures to follow when a safeguarding concern was raised. This included referring it to the relevant safeguarding authorities. We saw for a person who had unexplained bruising, a safeguarding referral had been made to the Derbyshire Safeguarding team and a notification had been sent to us.

The staff team had received training on how to keep people safe and they told us what they would do if they were at all concerned about someone. One staff member told us, "I would report it straight the way to the manager or the nurse. If nothing was done I would go to [the regional director]." Another staff member explained, "Any concerns, I would go to the nurse or speak to the manager, she would deal with it."

We looked at five people's plans of care and found risk assessments had been completed. These enabled the registered manager and the nursing team to identify and assess any risks associated with people's care and support. Risk assessments had been completed on areas such as nutrition, skin integrity, moving and handling and falls and these had been reviewed on a monthly basis.

One person who was at risk of falls had been assessed as requiring an adjustable bed, a crash mat and sensory mat. We found all of this equipment in use in their bedroom. Another person's risk assessment identified the type of hoist and sling to be used when assisting them to move from one place to another. We saw that the appropriate sling was in the person's room.

Regular safety checks had been carried out on the environment and the equipment used for people's care. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. There were personal emergency evacuation plans in place. These showed how each individual must be assisted in the event of an emergency and an emergency plan was in place in case of foreseeable emergencies.

The provider's recruitment procedures had been followed. Required checks had been carried out prior to a new

Requires improvement

Is the service safe?

member of staff commencing work. This included obtaining suitable references and a check with the Disclosure and Barring Scheme (DBS). A DBS check provides information as to whether someone is suitable to work at this service. The registered manager had also checked to make sure the nurses who worked at the service had an up to date registration with the Nursing and Midwifery Council (NMC). Nurses can only practice as nurses if they are registered with the NMC.

We looked at medicine management to see if people had received their medicines as prescribed. We saw that they had. Stocks we checked were correct and medicine administration charts were accurately completed with the exception of the nurses not identifying if 1 or 2 tablets had been given for medicine such as paracetamol. Topical medicine charts were maintained for creams and liquid medicines were identified with the opened by date. This was to ensure that they were not used for longer than the recommended guide lines.

Medicines were stored in lockable trolleys in designated medicine rooms and medicine that required refrigeration was kept in a designated medicine fridge. We saw that people's medicine was reviewed by their GP and adjustments had been made to people's medicine where required.

People who used the service had medicine support plans that detailed how they took their medicine. A person who received insulin participated in the administration of their own medicine. Where people had medicine on an 'as required' basis we found additional information was available for the nurses to inform them when, why and how it should be administered.

We observed part of the medicine round and saw the nurse give people their medicine. The nurse told one person the tablet was for their pain and gave them a drink to help them swallow the tablet. The person was observed taking the tablet and the necessary records were then completed.

We did observe one of the people who used the service having to wait for over ten minutes for their pain relief. They rang their call bell, but no one responded. We shared this with the registered manager who assured us that this would be looked into.

Good

Is the service effective?

Our findings

People who used the service told us the staff members who looked after them knew them well and felt they had the skills needed to look after them properly. One person told us, "I can say the staff are well knowledgeable, and trained." Another explained, "They know what help I need and they look after me well."

Visiting relatives told us the staff team working at the service had the skills and experience they needed to meet the needs of those they were supporting. One relative told us, "They seem knowledgeable and know what they are doing. [Their relative] gets the care and support they need." Another explained, "The manager came to see [their relative] to carry out an assessment. The staff know how to support [their relative] properly.

We observed the staff team supporting the people who used the service. Effective communication ensured that people were supported in the way they preferred. Staff members were knowledgeable of people's needs. For example, a staff member was aware that a person had a food and hydration chart put in place because the person had been losing weight.

Staff we spoke with told us they had received a period of induction when they first started working at the service and training relevant to their role had been provided. One staff member told us, "I had an induction and I completed my e-learning training and practical moving and handling, this all really helped me." Another explained, "I had an induction and worked alongside someone. I completed all my training and I did the medication course. They are always pushing us to do training." This was confirmed when we checked the training records.

The staff team felt supported by the registered manager. Team meetings had been held and regular supervision sessions had been completed. (Supervision provides the staff team with the opportunity to meet with either the registered manager or one of the registered nurses to discuss their progress within the staff team.)

Training records showed us staff members had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. DoLS requires assessment and authorisation if a person lacks mental capacity and needs to have their freedom protected to keep them safe. Staff we spoke with understood their responsibilities under MCA and DoLS. One staff member explained, "We must always ask for their [the people who used the service] consent." Another told us, "For people who cannot make decisions for themselves, this must be done by others and in their best interest."

Capacity assessments had been completed and where there were restrictions relating to people's liberty, an application had been made to the regulatory body (the Local Authority) for an authorisation under DoLS.

People who used the service told us the staff team who supported them always asked for their consent before assisting them. One person told us, "They ask me if I want to get up and respect when I don't." Another told us, "They ask me if they can help me but they let me do what I can for myself."

The staff team also gave us examples of how they obtained people's consent. One staff member explained, "I ask them [the people who used the service] what activities they would like to do, what drinks and meals they would like or TV programme they would like to watch. When I'm helping people to get dressed I also pick a few things out and get them [the people who used the service] to choose. Although the staff team gave us examples of how they offered people choices on a daily basis, we did note during our visit that some people were not asked what drink they would like when the tea trolley came around.

We asked people what they thought about the meals served at The Laurels. Some people told us the meals were nice, others said they were not so nice. One person told us, "The food is good, the quiche is my favourite and the lady in the kitchen made it so I know it is good, she is very good at making pastry." Another person explained, "They are not good but not bad, I would like them to be a bit better in taste."

Relatives we spoke with also had differing views of the meals served. One relative told us, "My [relative] gets food that is not nice, they require soft food, but are given scrambled cheesy mash swimming in gravy. There is no variety of food." Another relative explained, "The food is a lot better and it has improved over the last year or so." We shared the comments received with the registered manager for their attention.

Good

Is the service effective?

During meal times people were invited to sit at the dining table. They had access to cold drinks and were asked if they would like orange or blackcurrant. One person told us they had pure fruit juice. We saw that tables were laid with different coloured table clothes for lunch and tea time meals. Condiments were available and tables decorated with a small vase of flowers. One person said, "We have nice things on the table." People were asked if they would like salt and pepper and were invited to wipe their hands before they had their meal. A person who was assessed as requiring a soft mashable diet was provided with a pureed meal. They also had thickened drinks which was in line with their plan of care. The pureed meals seen looked hot and presentable.

Music was playing during meal time which the people we spoke with told us they liked. However it was difficult at times for people to hear each other due to staff collecting meals from the hatch to the kitchen.

The meals we saw being served on the days of our visit looked well presented and appealing. Assessments had been completed for people's dietary needs and this information was included in people's plans of care. Where people were on a diabetic diet they were given items with reduced sugar. The head cook told us that where people required fortified meals they would use treble cream, dried milk and butter to increase the calories which was in line with best practice. They told us they had received information about changes to legislation related to allergens.

We saw that where required, daily records were maintained of people's nutrition and hydration. People told us they had jugs of water in their rooms so they could help themselves and regular drinks were offered throughout the day. One person told us, "They leave plenty of juice for me (in their room)."

The people who used the service had access to health professionals such as doctors and specialist consultants. One person had been seen by a community psychiatric nurse who had recommended a behaviour chart be put in place. When we checked the person's plan of care we saw this had been implemented. Relatives told us that the staff team always contacted the doctor if there were any concerns about their relative. One person told us, "They don't hesitate to contact the doctor if there is a concern and they keep us informed. Another relative told us, "The GP attends but I get no information about medication." We discussed this with the registered manager who assured us that they would meet with the relative to discuss their concerns.

Good

Is the service caring?

Our findings

People who were able to told us the staff team who looked after them were kind and caring and our observations confirmed this. One person told us, “There are some really nice carers and nothing is too much trouble.” Another told us, “I can say the care is pretty good and we are well looked after.”

Visitors to the service told us the staff team were kind and caring though one visitor did share their feelings by saying, “Sometimes the staff don’t seem to be bothered, but a few carers are pretty good.” Another relative told us, “The staff are very good and very caring toward [their relative].” A third relative explained, “I can’t fault them [the staff].”

We observed support being provided throughout our visit. We saw that positive caring relationships had been developed and we observed good interactions between staff and the people who used the service. People were treated with kindness and support was provided in a calm and considerate manner.

We observed the staff team assisting people to move using a hoist. This was done in a dignified and respectful manner. The staff members put the person at ease and talked to them during the manoeuvre, explaining what they were doing and reassuring them throughout. We did observe one occasion however when the members of staff hoisted a person with little communication.

We observed the staff team preserving people’s privacy and dignity. They ensured that doors and curtains were closed when they were providing personal care and they knocked on people’s bedroom doors before entering their room. ‘Personal care in progress’ signs were also used on people’s doors when they were being assisted. This conveyed to people that they should not enter because personal care was being provided.

We did observe three occasions when a member of staff missed the opportunity to promote a person’s dignity. This person, who was being cared for in bed, had no bed sheet on and was therefore exposed. A care worker backed into their room in order for someone to pass them in the corridor, but they didn’t glance back to check that the person was alright or suitably covered. Another person who had been assisted to the lounge had not been assisted with their catheter correctly and this could be seen well below their clothing and on show for all to see. Another person had not had their hair attended to. We highlighted these issues to the manager because these people’s dignity had not been promoted. The registered manager told us that dignity issues would be addressed with the staff team. They said that this was on the agenda for the next staff meeting.

For people who chose to eat in their room we noted that their meals were not provided on trays. This meant for one person who was lying in bed, their plate of food was placed directly on their bed sheets. For another person who was sat in their chair, their plate was placed directly on their lap and for a third person; their plate was rested on a table at the side of them which they had to twist round to reach. We shared these observations with the registered manager who told us this would be rectified by ensuring trays were used in the future.

The staff team gave us examples of how they ensured people’s privacy and dignity was respected. One care worker explained, “I always close the door and put the sign on and make sure they [the person who used the service] are covered. I always let them know what I am doing and I get them to do as much as they can for themselves.” Another care worker told us, “I always make sure I put a towel over their private parts when I’m washing them, it is very important to maintain their dignity.”

For people who were unable to make decisions about their care, either by themselves or with the support of a family member, advocacy services were made available. This meant that people had access to someone who could support them and speak up on their behalf.

Good

Is the service responsive?

Our findings

Relatives told us they and their family member had been involved in deciding what care and support they needed. One relative told us, "They [the registered manager] carried out an assessment with [relative] and me and then they carried out another when we arrived to decide on what help [relative] needed. They were very good."

People's needs had been assessed prior to moving into the service and then regular reviews of their care and support needs had been carried out thereafter. One relative told us, "[relative] has a yearly assessment but has also had one recently." We saw records that confirmed relatives and professionals involved in people's care had been invited to attend people's reviews. From the initial assessment, a plan of care had been developed. This included the needs of the person and how they wanted their needs to be met. The plans of care also included information on their personal history and their likes and dislikes.

A document entitled 'My Day' had recently been introduced and this showed the staff how the people who used the service wished to spend their day. This meant the staff team working at the service had the information they needed in order to provide individual, personalised care. When we spoke with the staff team it was evident they understood the needs of the people they supported and were aware of their personal likes and dislikes. This included one person's love of Derby County football club and another's love of dominoes.

People's plans of care had been reviewed each month or sooner if changes to their health and welfare had been identified. Where changes in people's health had occurred, the appropriate action had been taken. This included for one person who had suffered a number of falls, contacting the falls team and for another person who had been struggling to swallow, the local Speech and Language Team.

One of the plans of care we checked had a support plan identifying the person as having diabetes. We saw that the person's normal blood sugar level was recorded and details of action to be taken if the blood sugar level was outside of the persons normal readings. However records had not always been maintained in line with the person's support plan. For example, the support plan identified blood sugar levels should be taken before insulin was administered. This should be twice a day, but the records showed that the blood sugar level had sometimes being recorded just once a day. We discussed this with the nurse who was confident the blood sugars would have been done, but the reading had not been recorded.

Relatives and friends were encouraged to visit and they told us they could visit at any time. One relative told us, "The staff are very good, very friendly and very welcoming." Another explained, "I can come every day, there is no problem."

People were supported to follow their interests and take part in social activities. There was an activities leader in post and they provided both group activities and one to one sessions. One person who used the service told us, "A lady comes in, yesterday we did games and today we are playing bingo." Another person told us, "There's not much entertainment for example, singing or interesting talks." The activities leader who was reasonably new to post aimed to address this. They were in the process of completing a training course with the local council and had secured funding to purchase new equipment. We saw that discussions had taken place with the people who used the service and they had decided what items were to be bought. This included indoor darts, lawn Frisbee and musical bingo. This showed us that people's personal preferences had been taken into account when organising the services social activities.

A greenhouse had recently been purchased. We spoke to two of the people who used the service and they explained that they were currently growing strawberries, tomatoes and flowers.

People told us that they knew what to do if they had a concern or complaint to make about the service they received. One person told us, "I would say something to [the registered manager] or the nurse if I wasn't happy; it is no good ignoring things because it might happen to someone else." A formal complaints process had been followed when a complaint had been received and a copy of the process was displayed for people's information. We looked at the complaints record and found that when a complaint had been received this had been acknowledged and an investigation had been carried out. When a complaint had been substantiated, this had been discussed with the staff team and action had been taken to drive improvement. This showed us that when people had concerns, these were taken seriously.

Good

Is the service well-led?

Our findings

People who were able to talk to us told us they felt the service was properly managed and the registered manager and the nurses were open and approachable. One person told us, "The lady in charge comes to my room to see if everything is alright and if there is anything I want." Another person explained, "She [the registered manager] is very nice you can talk to her and she helps out."

The majority of relatives we spoke with felt that they could talk to the management team, though two felt that communication was sometimes a concern to them. One relative told us, "The communication from management with the family is poor." We discussed this with the registered manager. They took on board the comment and explained that they would talk with the relatives to discuss their concerns. Another relative told us, "[The manager] and the nurses are all really good, you can talk to any of them and they always phone you if anything happens."

Staff members we spoke with told us they felt very much supported by the registered manager and the nurses and they felt able to speak to them if they had any concerns or suggestions of any kind. One staff member told us, "The manager is very good to me and to everyone. She helps you if you need it and gives us support." Another explained, "[The registered manager] is brilliant, always there to help. I do feel supported, any problems we can go to the nurses and [the registered manager]. She is fantastic, very approachable; I really do enjoy coming to work."

People who used the service and their relatives were encouraged to share their thoughts of the service they received. Regular meetings had been held. The minutes of the last meeting held in May showed people's views were sought, listened to and acted upon. One concern raised regarded the staff members going into people's rooms, cancelling the call bell then saying they would return shortly. When we checked the agenda for the next staff meeting this was one of the topics to be discussed. Relatives shared their views on the meetings held. One relative told us, "We have given our opinions at residents meeting but have no response from the management to date." Another relative told us, "There are meetings but I wouldn't tend to wait for a meeting, it is far better to just say something and get any issues dealt with, and they do deal with things."

Surveys had also been used. One relative told us, "We have quite a few surveys plus some specific ones about the food and entertainment." Comments on surveys seen included, "Would like more choice of puddings, lunch was very good though" and "The meat was a little tough but I enjoyed it." All the comments received had been passed to the head cook as feedback and as a learning tool.

The staff team were aware of the provider's aims and objectives and a copy of these were displayed at the service for people to view. One staff member told us, "We are here to provide good, safe care that is individual to the person and to provide choices and opportunities."

There were systems in place to regularly check the quality and safety of the service being provided. Checks had been carried out on the paperwork held including people's plans of care, medication records and incidents and accident records. This was to check people were receiving the care and support they required. The registered manager had also carried out monthly audits to monitor falls, pressure sores and infection control. Where issues had been identified within the auditing, action plans had been developed to address the concerns raised.

Regular checks had been carried out on the environment and on the equipment used to maintain people's safety. We found regular audits had been carried out and up to date records had been maintained. This showed us people who used the service, visitors and staff were protected by an environment that was properly monitored and well maintained.

The registered manager understood their legal responsibility for notifying the Care Quality Commission of deaths, incidents and injuries that occurred or affected people who used the service. There was a procedure for reporting and investigating incidents and accidents and staff members demonstrated their understanding of this. This involved assessing the person, involving emergency services if required, recording it and reporting it to the nurse and the registered manager.