

Country Court Care Homes 2 Limited

The Laurels

Inspection report

Westfield Lane
Draycott
Cheddar
Somerset
BS27 3TN

Tel: 01934742649

Date of inspection visit:
17 July 2023
18 July 2023

Date of publication:
22 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Laurels is a residential home providing personal care and accommodation to 21 people. The service specialises in support for older people. At the time of our inspection there were 21 people using the service.

The home is set across two floors. There are communal areas such as a dining room and lounge on the ground floor. There is access to a garden area to the rear of the home.

People's experience of using this service and what we found

People received person centred care and support by caring staff who knew them well. There were systems in place to monitor the quality and safety of the service.

The service had not fully protected people from the risks from hot surfaces. Action was taken promptly to address this.

The home was well staffed. Staff were consistent and quick to respond to people's care and support needs. Staff were recruited safely following the providers procedures and received training to support people appropriately.

People were happy living at the home. There was a friendly and relaxed atmosphere. Staff worked well as a team.

The home was clean and tidy. Infection prevention control measures were in place. People's medicines were managed and administered safely. Regular checks on the environment and fire safety systems were conducted.

The home was engaged with the local community. Feedback was obtained from people, relatives and staff to meet people's needs and develop the service. Systems to communicate effectively with staff and relevant others were in place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 3 August 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Laurels on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Laurels

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 1 inspector 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.

Service and service type

The Laurels is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Laurels is a care home without nursing care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people living at the service and 12 relatives. We spoke with 10 staff members which included the registered manager. We reviewed 5 people's care records and 9 medicines records. We reviewed 3 staff recruitment records. We looked at a variety of records relating to the management of the service, including policies, procedures, and audits. We gained feedback from 3 professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People were not protected from the risks from hot surfaces. There were some uncovered radiators and exposed pipes. The risk assessment around hot surfaces was not sufficient to mitigate the potential risk. The provider took immediate action to address this.
- Other areas of the environment were regularly assessed. For example, around water, gas and electrical safety. Equipment was serviced. Such as, the call bells, stair lift and mobility aids. A person said, "Repairs always get done quickly and everything is well kept."
- Regular internal and external checks were conducted on fire safety systems and equipment. Personal Emergency Evacuation Plans (PEEPs) assessed the level of support people required if an emergency situation occurred. A business continuity plan was in place to manage unforeseen situations such as a loss of utilities.
- Individual risks to people had been identified and guidance was provided for staff in how to support people with these risks. For example, in relation to health conditions, falls and malnutrition. A person said, "I can usually manage and there are always staff around."

Staffing and recruitment

- The home was well staffed. There were no current vacancies, and the service did not use any agency staff. A person said, "There are enough staff." A staff member said, "Staffing levels are good." Another staff member said, "We never have agency staff. We all help each other."
- This meant staff knew people well and were quick to respond to people's care and support needs. A relative said, "The staff really understand people's individual needs. Nothing is too much trouble." A health professional said, "The staff there have always been friendly and helpful and knowledgeable about the patients." A staff member said, "We [staff] work nicely together, it is a happy home. People don't have to wait as staff get on and help."
- The service followed safe recruitment processes. This included checks on identity, previous employment, right to work and Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Regular audits on staff files were conducted to ensure all stages of the recruitment process had been satisfactorily completed.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the service. A person said, "I feel safe. Everybody is so kind, caring, lovely and friendly." Another person said, "I feel safe because there is always someone around and there is nothing to worry me." A health professional said, "The service is safe."

- Staff had received training in safeguarding adults. Staff we spoke with were knowledgeable about potential signs of abuse and were clear on the actions they needed to take. A staff member said, "I would report to the registered manager or a senior carer. Things get looked into properly." Another staff member said, "No one is afraid to speak up."
- The registered manager had a clear overview of actions taken in relation to safeguarding concerns and these were audited. The service had reported safeguarding concerns to the local authority and CQC as required.

Using medicines safely

- Medicines were stored and administered safely. A person said, "I get them [medicines] at the same time every day. They are always on time." A relative said, "They've been very good with medicines and the home are very much on the ball with things like that."
- Protocols were in place for 'as required' (PRN) medicines. We highlighted where further personalisation was needed for protocols for paracetamol, and this was completed during the inspection. The effectiveness of PRN medicines was monitored.
- Staff had been trained in medicine administration and had their competency assessed. People's preferences for how they liked to take their medicines were described. Medicine administration records (MARs) were completed accurately. Temperatures of medicine storage areas were taken.
- Topical medicines records were completed correctly. Body maps and written information indicated when and where to apply topical creams and lotions.
- Medicines that required additional storage in line with legal requirements were stored appropriately and systems for stock checks were in place. Medicine audits were regularly completed and identified actions were completed.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Staffing levels supported a low level of adverse events.
- A monthly analysis was thoroughly conducted to review accidents and incidents for any patterns or trends and to ensure actions taken to prevent a recurrence had been effective.
- Information about accident, incidents and safeguarding concerns were communicated to staff to ensure lessons were learnt and practice adapted where needed. Staff kept up to date with changes in people's support needs. A staff member said, "I read their care plans."

Preventing and controlling infection

- The home was clean and well maintained. A relative said, "The home is always clean, the room is always tidy and [name of person] clothes are always well laundered and clean." Another relative said, "The home is well maintained, and it always seems clean."
- We highlighted where changes would be beneficial in the laundry area to reduce clutter and promote better infection control practice. The registered manager sent a plan of modifications to the laundry area after the inspection.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely. A person said, "They [staff] always wear their gloves and aprons. Staff are very good, they keep my room spotless."
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider was facilitating visitors in line with government guidance at the time of the inspection.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations had been applied for to deprive a person of their liberty. Currently no one had an authorised DoLS in place. The service monitored applications and progress.
- Staff had received training in the MCA and reflected this in their practice. A staff member said, "We ask people, we offer choice, we gain consent." We observed staff offering and respecting people's choices throughout the inspection. For example, what they would like to do or where they would like to spend their time.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor and assess the quality and safety of the service. This included internal audits by the registered manager and provider. An action plan monitored and ensured completion of areas identified through governance systems.
- Audits were completed in areas such as care planning, staff training and medicines. The registered manager completed a regular report which reviewed for example, complaints, safeguarding and incidents. However, audits did not monitor people's safety in relation to hot surfaces. The provider took action to address this.
- People's experiences were assessed. For example, in relation to food and mealtimes, dignity during care and response to call bells.
- Notifications were submitted as required. A notification is information about an event or person which the service is required to inform CQC of.
- The service had displayed their CQC assessment rating on their website and at the service as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was well led and managed. Health professionals said, "It seems a well-run home where residents are happy," and "I feel it is well led." A relative said, "It all seems to run smoothly, the atmosphere is friendly, but professional and there are no problems with anything."
- We received positive feedback about the registered manager. A staff member said, "The registered manager is professional, fair, approachable, and supportive." A relative said, "[The registered manager] is very approachable as all the staff are."
- The home was welcoming, happy and friendly. We observed positive interactions between staff and people. A person said, "I like the atmosphere, it is friendly." A professional said, "Residents always seem very happy and well looked after." A staff member said, "It is a home from home." Another staff member said, "It is a small home, a happy family. You can rely on staff." A relative said, "It feels like an extension of home, it's warm and secure and the staff are caring."
- People and relatives told us they could raise any issues or concerns. A person said, "All the staff are bright and cheery and you can talk to them all. They will listen and if anything was wrong, they would try and put it right."
- Staff felt valued by the provider. Staff told us ways the provider had shown gestures of thanks and appreciation. A staff member said, "During the covid pandemic we got a big hamper. They have done little

things. For example, at Christmas they gave us chocolates, they have looked out for staff, we feel appreciated. We had a letter of thanks from the owners."

- An employee of the month scheme recognised the contributions of staff. Long service was also rewarded. A staff member said, "It is a happy place to work. Long service is recognised."
- All staff we spoke with said they worked well as a team. Staff commented, "I am proud of the team I work with," "Good team work," and, "It is a unique home, very person centred, like one big family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives' feedback was obtained through regular meetings and surveys. A recent residents meeting was well attended with comments from people including, "Excellent care," "I am very happy," and "Perfect care." A relative said, "I had a questionnaire a few weeks ago."
- Regular staff and department meetings were held to ensure information was shared and staff could contribute. A staff member said, "There is good communication."
- A resident of the day scheme ensured all areas of people's care was reviewed monthly. This checked people's environment, dietary requirements, enjoyment of activities and care needs.
- Recently the service had organised an event for 2 people living at the home to renew their wedding vows at a local church. The service facilitated everyone living at the home to attend. A range of links were established to gain donations such as chair covers, flowers and gifts. A health and social care professional said, "I feel that the care home is providing a personalised care approach. I've witnessed a hen do and a wedding."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- If an incident had occurred the registered manager ensured an account was given to the person's relatives both verbally and in writing. This included an apology if appropriate and details of what actions the service had taken to prevent a recurrence.
- Relatives told us there was positive communication from the service. A relative said, "The staff are phenomenal, they always keep me informed. There has never been any cause for concern."

Working in partnership with others; Continuous learning and improving care

- The service worked with local organisations and health and social care professionals to provide an enriched quality of life for people. The service sought support from local health services to improve people's health outcomes for example, with oral care.
- The service was part of the local community, engaging with local religious and educational organisations. A relative said, "The home is quite involved with the community." A health and social care professional said, "A colleague and I volunteered for a social Elvis Presley entertainment night." Another professional said, "We have visited the care home for carol singing and recently for an Easter egg hunt with the children. Residents have come to our school nativity. Communication between us [and the service] has consistently been positive."
- The service welcomed suggestions for improvements. People's families and friends were involved. A relative said, "We are asked if we could think of any improvements."