

Black Swan International Limited

# Laurel Lodge Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Laurel Lodge is a residential care home providing accommodation and personal care to older adults. The service can support up to 32 people. Accommodation is provided over two floors with the communal facilities including a dining room and lounge areas, found on the ground floor. At the time of our inspection visit, 26 people lived at Laurel Lodge.

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

People told us they were happy with the care provided at Laurel Lodge. They said the staff were kind and caring and that they were treated with respect. Our observations on the day of our inspection visit confirmed this. There were enough staff working on each shift to keep people safe and people said the care received met their individual needs and preferences.

People received their medicines when they needed them. Staff acted to reduce risks to people's safety as much as possible, whilst respecting people's choice to take risks if they could make this decision themselves. People were respected as individuals and were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests where necessary.

People were involved as partners in their care and their consent to their care had been obtained in line with relevant legislation. They were consulted about the running of the service and their opinions were highly valued and acted upon to improve the quality of care they received.

Staff had received enough training and supervision to be competent in their roles. They provided people with safe care. They were encouraged to complete further training to enhance their knowledge within health and social care.

People told us they enjoyed the food and drink that was on offer and that they received enough to meet their needs. They were supported with their health and the service worked well with other services, professionals and the community to enhance people's wellbeing.

There was a varied programme of activities that people could participate in if they wished. The culture of the home was open, and the management team and staff did everything possible to make people feel appreciated, valued and comfortable.

Good leadership was in place. They ensured staff felt valued and supported and that the care people received was of good quality. They monitored the quality of care provided and had learnt lessons when things had gone wrong to continually improve the care people received.

### Rating at last inspection (and update)

The last rating for this service was Good (published February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Laurel Lodge Care Home

## 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 Care Act 2014.

#### Inspection team

The inspection team consisted of one 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

Laurel Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection visit to Laurel Lodge, we reviewed the information we held about the home and the provider. This included any notifications the registered manager had sent us and information we had received from members of the public about the quality of care being provided. We also reviewed the information the provider had sent to us in their Provider Information Return. Providers are required to send us key information about their service, what they do well and improvements they plan to make. We obtained feedback from the local authority who were a commissioner of the service. We used all this information to plan our inspection.

#### During the inspection

We spoke with seven people who lived in Laurel Lodge and five relatives about their experience of the care provided. We also spoke with seven members of staff including a regional manager who represented the provider, the registered manager, care workers and kitchen staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to their training and supervision. A variety of records relating to the management of the home were also reviewed.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at staff rotas and analysis of call bell response times that the registered manager sent to us after the inspection visit.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People told us they felt safe living in Laurel Lodge. One person said, "I feel extremely safe. There are always people about and popping their head round the door. I have got my bell if I need help." A relative told us, "My [Family member] is totally safe here and that really puts me at ease, I know the staff will ring me if anything happens."
- Systems were in place to protect people from the risk of abuse. Staff had received training in safeguarding and they demonstrated an understanding in this subject. Any concerns in this area had been reported to the relevant authorities.
- Risks to people's safety had been assessed and managed well to help keep people safe. Where risks had been found, action had been taken to lower the risk as much as practicable. For example, staff ensured people had their walking frames with them whilst they were walking to help reduce the risk of them falling.
- Risks to the premises had also been managed well. The registered manager conducted regular checks of the fire system to ensure it worked correctly. Checks had also taken place within the home to reduce the risk of Legionella. People's equipment had been serviced in line with legislation to make sure it was safe to use.

Staffing and recruitment

- People told us they sometimes had to wait for staff to respond to their requests for assistance. One person said, "You sometimes have to wait for them to answer the call bell. The staff do their best, but they are short staffed sometimes." Relatives gave us mixed feedback regarding staffing levels. One relative told us, "Yes there are enough staff, I have never seen any problems." However, another relative said, "The staff seem rushed off their feet. They are forever running around for people. The staff are very busy, and lunchtimes can be difficult."
- The staff we spoke with told us they felt there were enough of them on each shift to meet people's needs and keep them safe. We observed staff to be very busy on the day of our inspection visit but they were responsive to people's requests for assistance. This included at lunchtime.
- We discussed staffing with the registered manager. They told us they had recently increased the number of night staff due to feedback from people regarding staffing levels at this time. Staff rotas for the last four weeks prior to our inspection visit showed that on occasions, the home had been running with less staff than planned but this was not a common occurrence. The registered manager told us last minute absence was usually covered either by themselves, an existing member of staff or agency staff where possible.
- Analysis of call bell response times for the week prior to our inspection visit showed that most calls had been answered within five minutes but there were occasions when the response had been over this time. The registered manager agreed to continue to monitor this area closely and regularly seek people's feedback regarding staff response times.

### Using medicines safely

- Medicines were managed safely. People told us they received their medicines when they needed them. One person said, "They make sure you take your medication." People were encouraged to manage their own medicines if they wished to. The risks associated with this had been assessed to ensure this was safe.
- The medicine records we checked had been completed correctly and showed people had received their medicines when they needed them. There was information in place to guide staff on how to give people their medicines safely.
- Staff had received training in how to give people their medicines and their competency to do this safely had been assessed in line with best practice guidance. We observed a staff member preparing and giving a person their medicine. The staff member followed good practice.

### Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. People told us they were happy with the standard of cleanliness of the home and their rooms. The relatives we spoke with agreed with this. One relative said, "The home is always clean. There are never any unpleasant smells." We observed the home and equipment that people used to be clean.
- Staff had received training in infection control. They wore gloves and aprons when appropriate and demonstrated a good understanding of this subject.

### Learning lessons when things go wrong

- The provider had a system in place to review and investigate incidents and accidents when they occurred. Staff demonstrated they understood the importance of reporting any incidents or accidents to the registered manager. Records showed these had been fully investigated to try to reduce them from re-occurring.
- Lessons had been learnt when things had gone wrong. For example, a person had not received their medicine correctly which was required at a specific time to aide their wellbeing. In response, the registered manager had arranged for staff to receive an alarm call as a reminder when the medicine was due. Staff showed us this new system and told us it was working well.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care needs had been holistically assessed. This included their physical, mental health, social and spiritual needs. People's wishes, and choices and their diversity had also been taken into consideration when planning their care. People's holistic needs were kept under review to ensure the service could provide them with the care they required.
- Technology was used to help the service provide people with effective care. For example, there was an electronic call bell system in place, pressure mats, tablets and smart speaker systems were also available.

Staff support: induction, training, skills and experience

- People and relatives told us they felt staff working in the home had the skills and knowledge to keep them safe and meet their needs. Some people commented they found agency staff required more direction on occasions than the permanent staff.
- The staff we spoke with told us the training and supervision they received was good and enabled them to provide people with effective care. They said the registered manager encouraged them to complete qualifications within health and social care.
- We observed staff using good practice throughout our inspection visit. Records showed staff had completed training in various subjects. The registered manager had assessed staff regularly to ensure they were safe to provide care to people.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had a choice of food for each meal and most said they enjoyed the food on offer. One person said, "The food is very good. We get a menu given to us and we get a choice of food."
- Some people said the meals on offer did not always match what was on the menu. One person told us, "Fish pie was on the menu last week and that didn't appear. We often see things on the menu that we then don't get." However, they all confirmed that alternatives were always made for them if requested.
- The lunchtime meal was observed to be a pleasant experience for people. A variety of drinks was offered and those who required assistance received this from attentive staff, some of whom sat and had their lunch with people. Relatives were also encouraged to join the lunchtime meal if they wished to. There was an energetic atmosphere with lots of chatter and interaction between people.
- Regular snacks were available if required which included fresh fruit. The registered manager worked with health professionals to support people to eat and drink enough to meet their needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us staff were vigilant about their health needs and arranged for them to see a healthcare professional if required. One person said, "The staff sent for the doctor last week when I wasn't feeling very well." Relatives confirmed this with one telling us, "[Family member] was very ill a few weeks ago and they spotted it. They phoned 999 and the hospital said if they hadn't got [Family member] there, then they wouldn't have made it. I feel so grateful to them."
- The healthcare professional we spoke with told us staff worked well with them to ensure people received effective care. They also said staff followed their advice when given. Records showed that staff worked with a variety of professionals to ensure people received effective care including social workers, GPs and dentists.

#### Adapting service, design, decoration to meet people's needs

- The service had been adapted to meet people's needs and people told us they were happy with their accommodation. One person said, "I have a lovely view of the garden from my room. It is easy enough to get around the home if you need to."
- People's rooms had been decorated to their taste and contained personal items that were important to them. Communal areas were bright and nicely decorated. Where people were living with dementia, their needs had been considered in the decoration and design of the home.
- There were communal gardens that could be independently accessed by people. These contained different seating areas where people could reside if they wished to. There was a water feature and planted borders which created a calming and relaxing atmosphere.

#### 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People told us their consent was always sought from staff about the care provided. Where people could not consent to this, staff demonstrated an awareness of the MCA to ensure they supported people in line with this legislation.
- Staff were observed to always offer people choice such as what to eat, drink or where to sit within the home. Records showed that where appropriate, people's ability to consent to their own decisions had been considered. Where this was in doubt, relevant individuals had been consulted to ensure any decisions made were what in the person's best interests.
- The registered manager had considered where they were depriving a person of their liberty and appropriate applications had been made to the local authority. These were still awaiting review and therefore in the interim, the registered manager ensured the least restrictive option for these people was in place.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff were kind and caring. One person said, "The staff are the kindest and most caring people you could ask for." A relative told us, "The staff are so patient and seem to know how to calm [Family member] and look after them. When [Family member] came into the home, they sat and cried for two hours. A carer sat with them and said they would not leave them until they had settled. That put our mind at ease."
- Staff we spoke with demonstrated they knew people well and spoke about them in a compassionate manner. One staff member told us people living at Laurel Lodge and the staff team were like 'family'. We observed staff speaking with people in a polite manner and offering a kind word or comfort when necessary.
- The registered manager told us nothing was too much trouble for people and gave some examples of where the service had demonstrated a kind and caring approach to improve people's wellbeing. For example, one person had requested air conditioning equipment which had been provided within a few days of their request. Another person had asked for a fridge in their room, so they could keep some provisions themselves, and this had also been provided.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in every aspect of their care and seen by the provider and staff as the main decision makers within the service. They were regularly asked for their opinions and these were acted on. On the day of our inspection visit, we observed staff regularly offering people choice and involving them in the decision-making process.
- People had been consulted about the decoration of their own rooms and the communal areas of the home. This included the design of the new garden area. A relative told us, "[Family member] was involved in picking which flowers they had in the new flower beds." The registered manager explained people had been asked to choose their favourite flowers or flowers they used to have in their own gardens which brought them pleasant memories.
- People were involved in recruitment of new staff to the home. Some sat on the interview panel whilst others were asked for their opinion when they were introduced to the prospective new staff member.

Respecting and promoting people's privacy, dignity and independence

- People told us their dignity was upheld and their independence encouraged. One person said, "They always respect your dignity. There is never any fuss and I don't feel uncomfortable or embarrassed." A relative said, "They always talk to people on their level. You never hear the staff talk down to people or as if they are a child which I think is good."

- People told us their independence was encouraged. One person said, "I like to get myself up and sit in the chair to prepare for the day. When I feel ready I ring my bell and they come and help me to get washed. They let me do as much as I can."
- One person told us how they had been helped by the staff to improve their mobility and wellbeing. They explained they agreed a goal with the staff regarding their walking and received regular written updates on their progress which were displayed in their room. The person told us whilst smiling with delight, that they had reached their goal and were about to receive a prize for this. The registered manager told us about another person who was having their windows changed so they could reach and open them themselves, rather than having to rely on staff doing this for them.
- We observed staff promoting people's dignity and encouraging people to be independent. Equipment was also available to people such as plate guards, so they could feed themselves rather than relying on staff.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had contributed to the assessment and planning of their care when they moved into Laurel Lodge. They told us they received personalised care that was planned around their individual needs and preferences although they all commented that on occasions, staff took time to respond to their requests for assistance.
- The registered manager gave us some examples of individualised person-centred care that had been provided to people. They had identified that some people living in Laurel Lodge had loving connections with their pets. Adaptions had been made so people could either see their pet regularly or for it to become a permanent resident at the home. One person told us how this had a positive impact on their wellbeing.
- Staff had clear information about people's needs and preferences to support the delivery of person-centred care. They told us communication regarding people's needs was good, so they could ensure people received the care they wanted.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and the staff we spoke with had a good knowledge about people's individual communication preferences. The registered manager told us they could provide documentation in various formats if required including large print or braille.
- People's individual communication needs had been recorded within their care records to provide staff with guidance on how to support people in this area.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships that were important to them. One person told us, "Visitors are not restricted. They can come any time of day or night."
- There was a varied activity programme in place including games, quizzes, clubs and trips out. Most people told us these had a positive impact on their wellbeing. One person said, "I have been to some of the musical things, they were quite good. I like to stay in my room and listen to the radio or watch the TV. People are popping in all the time for a chat which is nice." One relative told us how the staff had recently taken their family member out to an event they had been interested in when they were younger. The relative said prior to this their family member had been hesitant to attend any social events but that now, this had improved,

and they were more outgoing.

- The registered manager told us activity provision was an area they felt had improved. Activities were supported by a dedicated member of staff who worked two to three days per week in the home. The registered manager told us this was soon to be increased with another member of staff having been employed to provide people with support around their hobbies and interests.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and that the registered manager and staff were approachable and open to their suggestions or comments.
- Records showed that any complaints raised had been fully investigated and an apology given by the registered manager when required.

End of life care and support

- People received kind and compassionate care at the end of their lives. The service had received several compliments from relatives regarding the quality of end of life care provided. People's wishes and preferences at the end of their life had been captured to ensure they received the care they wanted at this time.
- Staff told us they worked closely with various healthcare professionals at this time to ensure people had a pain free and comfortable death. The home had received accreditation in the 'Six Steps of End of Life Care.' This is awarded to care homes by the NHS who have demonstrated they can provide people with good quality and compassionate end of life care.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Everyone we spoke to during our inspection visit told us that overall, they were happy with the care provided at Laurel Lodge and said they felt the service was well-led. One person said, "I have settled in really well here. It is always difficult when you have to come into somewhere like this, but I really like it now." A relative said, "I wouldn't want [Family member] to be anywhere else and I would recommend the home to anyone."
- The provider promoted a person-centred, open and inclusive culture that was understood and implemented by all staff working within the home.
- People were consulted for their views on the running of the home by various methods including regular group meetings. Minutes of these meetings showed that people had been asked for their ideas in several areas including the food on the menu, the décor in the home and what activities they wanted to participate in. Changes had been implemented in response to people's suggestions. The registered manager told us plans were in place for people to be involved in discussing accidents and incidents that had occurred in the home, so their ideas could be gathered on how to reduce them from re-occurring.
- Relatives said they were included in aspects of the home including attending regular meetings to discuss the quality of care provided and attending training. For example, relatives had been invited to attend some staff training about Dementia to help increase their knowledge in this area.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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; Continuous learning and improving care

- The registered manager and staff demonstrated they understood their individual roles and responsibilities. The registered manager was passionate about providing people with person-centred care and was keen to continually drive improvement within the service.
- The governance structure in place ensured that people received good quality care. Both the registered manager and provider conducted several audits on a regular basis to monitor and improve the care provided.
- The staff we spoke with told us they found the registered manager and provider approachable and good leaders. Staff said they felt appreciated and valued and enjoyed working at Laurel Lodge. The regional manager for the home had won an award at the Norfolk Care Awards in 2018, recognising their motivational

leadership skills.

#### Working in partnership with others

- The registered manager and provider had developed strong relationships with professionals and community services. One health professional told us how the service had worked closely with them, to train the home's staff to administer insulin. This they said, saved them time for the benefit of people living within the community. This approach also gave the service greater flexibility to meet people's needs in this area.
- Links had been established with other community services for the benefit of people living in Laurel Lodge such as the local college, nurseries, garden centre and schools. Pupils from the college and schools were encouraged to take part in work experience and/or apprenticeships to encourage a career within care. One college pupil who was on work experience at the time of our inspection visit told us their experience had been 'excellent'.
- There were some volunteers working in the home and the registered manager told us this number was to increase shortly to further increase engagement with people living in Laurel Lodge.