

Key inspection report

Care homes for older people

Name:	The Laurels Care and Nursing Home
Address:	Bankside Lane Bacup Rossendale OL13 8GT

The quality rating for this care home is:	two star good service
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A quality rating is our assessment of how well a care home is meeting the needs of the people who use it. We give a quality rating following a full review of the service. We call this full review a 'key' inspection.

Lead inspector:	Date:
Susan Hargreaves	0 8 0 2 2 0 1 0

This is a review of quality of outcomes that people experience in this care home. We believe high quality care should

- Be safe
- Have the right outcomes, including clinical outcomes
- Be a good experience for the people that use it
- Help prevent illness, and promote healthy, independent living
- Be available to those who need it when they need it.

The first part of the review gives the overall quality rating for the care home:

- 3 stars - excellent
- 2 stars - good
- 1 star - adequate
- 0 star - poor

There is also a bar chart that gives a quick way of seeing the quality of care that the home provides under key areas that matter to people.

There is a summary of what we think this service does well, what they have improved on and, where it applies, what they need to do better. We use the national minimum standards to describe the outcomes that people should experience. National minimum standards are written by the Department of Health for each type of care service.

After the summary there is more detail about our findings. The following table explains what you will see under each outcome area.

Outcome area (for example Choice of home)

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

This box tells you the outcomes that we will always inspect against when we do a key inspection.

This box tells you any additional outcomes that we may inspect against when we do a key inspection.

This is what people staying in this care home experience:

Judgement:

This box tells you our opinion of what we have looked at in this outcome area. We will say whether it is excellent, good, adequate or poor.

Evidence:

This box describes the information we used to come to our judgement.

We review the quality of the service against outcomes from the National Minimum Standards (NMS). Those standards are written by the Department of Health for each type of care service.

Copies of the National Minimum Standards – Care Homes for Older People can be found at www.dh.gov.uk or bought from The Stationery Office (TSO) PO Box 29, St Crispins, Duke Street, Norwich, NR3 1GN. Tel: 0870 600 5522. Online ordering from the Stationery Office is also available: www.tso.co.uk/bookshop

The mission of the Care Quality Commission is to make care better for people by:

- Regulating health and adult social care services to ensure quality and safety standards, drive improvement and stamp out bad practice
- Protecting the rights of people who use services, particularly the most vulnerable and those detained under the Mental Health Act 1983
- Providing accessible, trustworthy information on the quality of care and services so people can make better decisions about their care and so that commissioners and providers of services can improve services.
- Providing independent public accountability on how commissioners and providers of services are improving the quality of care and providing value for money.

Reader Information

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Internet address	www.cqc.org.uk

Information about the care home

Name of care home:	The Laurels Care and Nursing Home
Address:	Bankside Lane Bacup Rossendale OL13 8GT
Telephone number:	01706877171
Fax number:	01706870106
Email address:	
Provider web address:	

Name of registered provider(s):	Regency Healthcare Ltd
Name of registered manager (if applicable)	
Miss Bernadette Brown	
Type of registration:	care home
Number of places registered:	28

Conditions of registration:		
Category(ies) :	Number of places (if applicable):	
	Under 65	Over 65
dementia	15	0
mental disorder, excluding learning disability or dementia	3	0
old age, not falling within any other category	0	25
Additional conditions:		
The maximum number of service users who can be accommodated is: 28		
The registered person may provide the following category of service only: Care home with nursing - Code N To service users of the following gender: Either Whose primary care needs on admission to the home are within the following categories: Old age, not falling within any other category - Code OP (maximum number of places: 25) Dementia - Code DE (maximum number of places: 15) Mental disorder, excluding learning disability or dementia - Code MD (maximum number of places: 3)		
Date of last inspection		

Brief description of the care home

The Laurels offers 24-hour care for up to 28 older people including those suffering from dementia or a mental disorder. The home provides both nursing and personal care. The Laurels is a detached grade 2 listed building with extensive grounds. There is a garden area, which is easily accessible to residents when the weather permits. A car park is available for use by visitors and staff. Accommodation is provided in single and twin-bedded rooms. There are no en-suite rooms but toilet and bathroom facilities are easily accessible, Communal lounges and dining rooms are located on the ground floor. The home is situated close to the centre of Bacup and all local amenities. The current fees charged at The Laurels are £335 to £686 per week. Additional charges are payable for hairdressing, newspapers and toiletries. A statement of purpose and service user guide is available to prospective residents and their relatives on request.

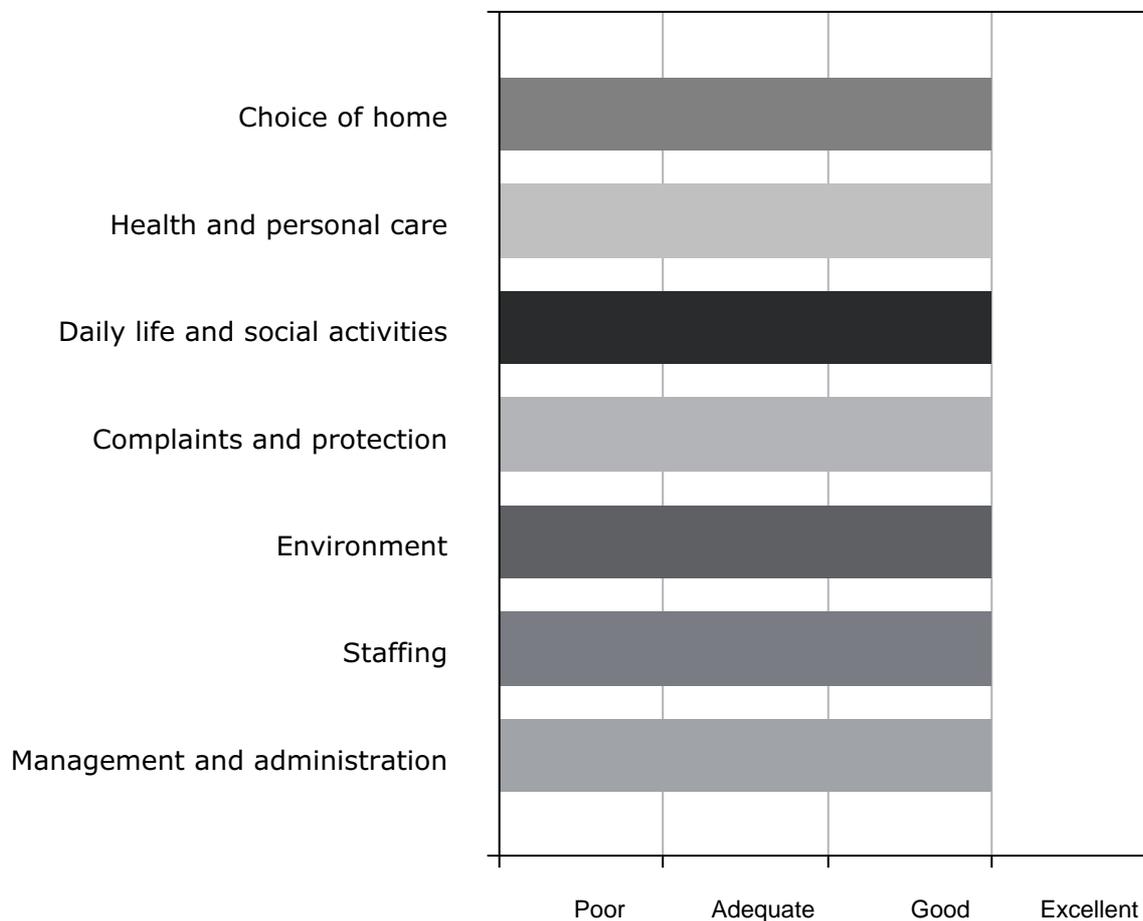
Summary

This is an overview of what we found during the inspection.

The quality rating for this care home is:

two star good service

Our judgement for each outcome:



How we did our inspection:

A key or main unannounced inspection, which included a visit to the home, was conducted at The Laurels Care and Nursing Home on 8 February 2010. As part of the inspection process we looked at all the information we have received about The Laurels since the last key which took place on 19 March 2009. Information about the last key inspection can be obtained from The Laurels or www.cqc.org.uk

The manager completed an annual quality assurance assessment several weeks before this visit to the home. This document is a self-assessment that focuses on how well outcomes are being met for people who use the service. It also gives us some numerical information about the service.

Ten completed surveys were returned from people who use the service.

At the time of this visit twenty three people were living at the home. A tour of the

premises took place and we looked at staff files and care records. We also spoke to members of staff on duty and people who use the service. Discussions also took place with manager and one of the directors regarding issues raised during the inspection.

What the care home does well:

People who use the service were treated with respect and personal care was carried out in private. One person said, "The staff are marvellous." Another person described the staff as very good and said they were polite and treated her with respect. One person wrote on the survey, 'The staff look after us very well, if we need anything they are always there.'

All the people asked said the daily routine was flexible and they could choose when get up and go to bed. One person said, "I need help but I can go to bed when I like."

People also told us that the meals were good. One person said, "The food's perfect." Another person said, "The meals are good, we've a good cook." One person wrote on the survey, 'I enjoy the meals.' Another person commented on the survey, 'The home is clean and tidy, the food is very good, the laundry is good and I am cared for well.'

Training for all members of staff was encouraged. More than half of the care workers had National Vocational Qualifications in health and social care at level 2 or above.

What has improved since the last inspection?

The manager has taken action to comply with the requirements issued at the last key inspection. Care plans have improved to accurately identify and address the health and social care needs of each person using the service. This helps to ensure that people are cared for in the way they prefer. Wound care records provide nursing staff with the information they need about the treatment and condition of wounds in order to enable them to provide effective care.

Improvements have also been made to meet the good practice recommendations made at the last key inspection. This includes a procedure for staff to follow to ensure that external preparations such as creams are used correctly and as prescribed by the doctor.

What they could do better:

The manager was advised to provide clear written instructions for staff to follow to ensure medication prescribed when required is given when it is needed.

It is strongly recommended that references are not requested from friends of the applicant.

This will ensure that references provide an objective view of the applicant's ability and help to protect people using the service from the employment of unsuitable staff.

If you want to know what action the person responsible for this care home is taking following this report, you can contact them using the details on page 4.

The report of this inspection is available from our website www.cqc.org.uk. You can get printed copies from enquiries@cqc.org.uk or by telephoning our order line 0870 240 7535.

Details of our findings

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Requirements and recommendations from this inspection

Choice of home

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People are confident that the care home can support them. This is because there is an accurate assessment of their needs that they, or people close to them, have been involved in. This tells the home all about them and the support they need. People who stay at the home only for intermediate care, have a clear assessment that includes a plan on what they hope for and want to achieve when they return home.

People can decide whether the care home can meet their support and accommodation needs. This is because they, or people close to them, have been able to visit the home and have got full, clear, accurate and up to date information about the home. If they decide to stay in the home they know about their rights and responsibilities because there is an easy to understand contract or statement of terms and conditions between them and the care home that includes how much they will pay and what the home provides for the money.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

A thorough admission procedure ensured the health and personal care needs of people using the service were identified and met.

Evidence:

A copy of the statement of purpose and service user guide is available to people who are considering using the service and their relatives on request. These supply information about the care and facilities provided at the home.

The manager or a qualified nurse and a senior member of staff visited people who were considering using the service in hospital or their own home before admission. The purpose of this visit is to assess the person's health and personal care needs to ensure they can be met at the home.

We looked at the care records of three people using the service. Pre-admission assessments were seen in all three files. These assessments provided important

Evidence:

information for the development of their care plans.

People considering using the service or their relatives received a letter confirming that their needs could be met at the home.

Health and personal care

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People's health, personal and social care needs are met. The home has a plan of care that the person, or someone close to them, has been involved in making. If they take medicine, they manage it themselves if they can. If they cannot manage their medicine, the care home supports them with it, in a safe way. People's right to privacy is respected and the support they get from staff is given in a way that maintains their dignity.

If people are approaching the end of their life, the care home will respect their choices and help them feel comfortable and secure. They, and people close to them, are reassured that their death will be handled with sensitivity, dignity and respect, and take account of their spiritual and cultural wishes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People who use the service were cared for in a manner which promoted their privacy and dignity. Medication was managed safely.

Evidence:

We looked at the care plans of three people using the service. These plans identified the health and personal care needs and provided some directions for staff to follow to ensure their individual needs were met. The care plan for one person suffering from dementia directed staff to speak to them calmly and ask regularly if they needed anything such as a drink or something to eat.

Wound care records for one person were seen to be up to date. They also provided detailed information about the treatment and condition of the wound.

Appropriate risk assessments including ones for falls, nutrition and the development of pressure sores were in place. Guidance for staff to follow about how to manage identified risks was also included in the care plans.

Evidence:

A written report about the care given to each person using the service was written during each shift. This ensured that all staff had up to date information about the condition of each person in order to ensure continuity of their care.

Care plans and risk assessments were reviewed monthly and usually up dated when the needs of the person changed. However, the care plan for one person had not been updated when they no longer needed a special diet. The manager said she would make sure this care plan was changed as soon as possible.

Where possible the person using the service or their relatives were involved in care planning and had signed the care plan to indicate their agreement with the care provided.

There were records of the involvement of GP's and other healthcare professionals including the chiropodist, optician and specialist nurses in the care of people using the service.

People using the service who completed a survey indicated that they were satisfied with the care and support they received.

Medication was stored correctly and administered by qualified nurses. We looked at the records for the management of medication. These included a record of medication received into the home and a record of unused medication collected for disposal by a licensed waste carrier.

We checked a sample of medication administration records and found that these had been completed correctly. We also checked the amount of medication in stock against the amount administered and found this to be correct. This confirms that people have been receiving their medication as prescribed by the doctor.

One of the medication administration records we looked at stated that two medicines should be taken when required. However, there were no written instructions for staff to follow stating if the person was able to tell them when they needed these medicines or what signs and symptoms they displayed if they could not. Having clear written instructions for the administration of when required medication ensures people using the service are given their medication when they need it.

We checked how controlled drugs were handled, these are medicines that can be misused. A special register was used for record keeping and was seen to have been completed correctly.

Evidence:

We looked at how external preparations such as creams were given and recorded. Care plans explaining how to use creams correctly were in place. Creams were stored securely and the medication administration records signed following their use.

We looked at the records of how medication was checked by the manager. Although some checks were carried out monthly the manager was advised to further develop this system to ensure she checked all aspects of the management of medication including staff competence.

Personal care was carried out in the privacy of the person's own room or the bathroom. Members of staff were observed attending to people in a polite and friendly manner. One person described the staff as 'great. Another person said the staff were polite and treated her with respect.

Daily life and social activities

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

Each person is treated as an individual and the care home is responsive to his or her race, culture, religion, age, disability, gender and sexual orientation. They are part of their local community. The care home supports people to follow personal interests and activities. People are able to keep in touch with family, friends and representatives. They are as independent as they can be, lead their chosen lifestyle and have the opportunity to make the most of their abilities. People have nutritious and attractive meals and snacks, at a time and place to suit them.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People's choices were respected and they were supported by members of staff to have a fulfilling lifestyle. Meals were wholesome and appetising and people enjoyed them.

Evidence:

A senior member of staff was responsible for organising leisure activities and social events within the home. During the morning of the visit this member of staff was observed helping two people suffering from dementia to make cards. A care worker spent time chatting to other people in the lounge and adjusted the television so they could enjoy watching the programme. The activities organiser said that people also played dominoes, cards, listened to music, had reminiscence quizzes, manicures and were encouraged to help with tasks such as setting the tables and folding towels. She also said that some people were individually taken out shopping. Some people liked to have their hair done by care workers in between visits from the hairdresser. Special occasions were also celebrated including birthdays, Saint Valentine's day and Saint Patrick's day. People were also supported to follow their own interests and hobbies such as crochet, reading, drawing, watching DVDs and doing puzzles. A few people in the main lounge said they didn't want to join in activities, one person said they watched television and another person when asked what they did all day said, "Nothing really." Several people who completed the survey commented that the home

Evidence:

could improve by organising more entertainment, activities and trips out. One person suggested they might do movement to music.

People using the service and members of staff said that visitors were welcomed into the home at anytime.

The daily routine was flexible in order to meet the needs and preferences of people using the service. All the people asked said they could choose when to get up and go to bed. One person said, " I need help but I can go to bed when I like."

The dining area used by people suffering from dementia has new tables and table linen. Although cups without saucers were used the tables looked nice when set for lunch. This helps to promote the dignity and wellbeing of people suffering from dementia.

The meal served at lunchtime looked wholesome and appetising. Although a choice of meal was not offered the cook said that alternatives were available to cater for people's individual likes and dislikes. One person was having salad in preference to the cooked meal. Members of staff were observed sitting next to people when assisting with feeding. Lunch was unhurried allowing people time to socialise and enjoy their meal. All the people asked said the meals were good. One person said, "The food's perfect." another person said, "We've a good cook."

Complaints and protection

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

If people have concerns with their care, they or people close to them know how to complain. Any concern is looked into and action taken to put things right. The care home safeguards people from abuse and neglect and takes action to follow up any allegations.

People's legal rights are protected, including being able to vote in elections.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

People using the service knew how to express any concerns. Members of staff had the training necessary to ensure people who use the service were protected from abuse.

Evidence:

A copy of the complaints procedure was included in the statement of purpose and service user guide and displayed in the home. The people using the service who completed the survey all stated that they knew who to speak to if they were not happy and how to make a formal complaint. According to the AQAA no formal complaints have been made to the manager during the last year. No complaints have been made directly to the Commission.

The manager told us in the AQAA that appropriate policies and procedures for safeguarding vulnerable adults were in place. This issue was discussed with one member of staff. She explained that safeguarding vulnerable adults had been included in her induction training. She also said that she would report any concerns immediately and knew the procedure she must follow.

Environment

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People stay in a safe and well-maintained home that is homely, clean, pleasant and hygienic.

People stay in a home that has enough space and facilities for them to lead the life they choose and to meet their needs. The home makes sure they have the right specialist equipment that encourages and promotes their independence. Their room feels like their own, it is comfortable and they feel safe when they use it.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The premises provide a comfortable and homely environment for people who use the service.

Evidence:

A tour of the premises confirmed that the home was clean, tidy, free from offensive odours and generally well maintained. This provides a homely and comfortable environment for people using the service. Recent improvements include new carpets for the hall, staircase and lounges, a large screen television for the main lounge and digital receivers in order to increase the number of programmes available.

People using the service were encouraged to bring personal items for their bedrooms to make them more homely. These included, ornaments, photographs and pictures for the walls.

All the laundry was done at the home. A suitable equipped laundry room ensures clothes are washed promptly and returned to people using the service.

The surveys completed by people using the service told us that the home was always clean and fresh. One person wrote, 'The home is clean and tidy and the laundry is good.'

Evidence:

The grounds and gardens were well kept and accessible to people using the service if they wished to sit outside when the weather permitted.

Gloves and plastic aprons were available throughout the home for members of staff to use in order to protect themselves and people using the service from infection.

Staffing

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have safe and appropriate support as there are enough competent staff on duty at all times. They have confidence in the staff at the home because checks have been done to make sure that they are suitable to care for them. Their needs are met and they are cared for by staff who get the relevant training and support from their managers.

There are no additional outcomes.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

Members of staff are encouraged to acquire the skills and knowledge necessary in order to meet the needs of people using the service. Recruitment procedures could be improved.

Evidence:

The duty rota provided details about the grades and number of staff on duty for each shift. The surveys completed by people using the service indicated there was enough staff in order to meet their individual needs. All the people we spoke to during the inspection praised the staff for their care and support. One person said that she was not usually kept waiting when she had buzzed for attention.

We looked at the files of three members of staff appointed since the last inspection. These files indicated that all the required information had been obtained before these members of staff had started working at the home. This included two written references and a Criminal Records Bureau check. However, one of the directors was advised not to accept references from friends and where possible to obtain one reference from the last employer. These checks ensure people who use the service are protected from the employment of unsuitable staff.

Discussion with the manager and members of staff confirmed that training for all members of staff was encouraged. This included induction training for new employees,

Evidence:

moving and handling, basic food hygiene, health and safety, first aid, safeguarding vulnerable adults, infection control, fire awareness and dementia care. In addition to this most of the care workers had National Vocational Qualifications at level 2 or 3 in health and social care.

Management and administration

These are the outcomes that people staying in care homes should experience. They reflect the things that people have said are important to them:

People have confidence in the care home because it is led and managed appropriately. People control their own money and choose how they spend it. If they or someone close to them cannot manage their money, it is managed by the care home in their best interests. The environment is safe for people and staff because appropriate health and safety practices are carried out.

People get the right support from the care home because the manager runs it appropriately with an open approach that makes them feel valued and respected. The people staying at the home are safeguarded because it follows clear financial and accounting procedures, keeps records appropriately and ensures their staff understand the way things should be done. They get the right care because the staff are supervised and supported by their managers.

This is what people staying in this care home experience:

Judgement:

People using this service experience **good** quality outcomes in this area. We have made this judgement using a range of evidence, including a visit to this service.

The views of people using the service are considered when decisions about the care and facilities provided at the home are made.

Evidence:

The manager is a qualified nurse with experience of caring for older people and people suffering from dementia. She has achieved the National Vocational Qualification Registered Manager's Award. Two members of staff were interviewed during this visit and both said the manager was approachable and supportive.

Discussion with the manager and one of the directors confirmed that they were committed to running the home in the best interests of the people living there and had achieved the nationally accredited Investors in People Award and ISO9001. The people using the service and their relatives were asked to give their views about the home by completing anonymous satisfaction questionnaires every six months. People who stayed for a short period of respite care were asked to complete a questionnaire when they left and people new to the home were asked to complete one when they had

Evidence:

settled in. Several completed questionnaires were seen and the responses were generally positive. The manager and director said they were always willing to discuss any aspect of the care provided with people using the service and their relatives.

The manager said she had attended training about the deprivation of liberty safeguards legislation implemented last year and knew what to do to ensure the rights of people using the service are protected.

The Annual Quality Assurance Assessment stated that as a result of listening to the views of people using the service they have installed a large plasma screen television in the main lounge and provided digital receivers where required.

Policies and procedures for safe working practices were in place. These help to make sure the home is a safe place to live and work. Fire alarms were tested weekly and fire drills took place regularly. Although emergency lighting was serviced annually by a contractor the manager was advised these should also be checked regularly by the handyman. There were records of fire drills which took place monthly. However, the manager was advised to keep a staff attendance record in order to ensure that all members of staff received this training.

We looked at the records of routine servicing of equipment. These included an up to date electrical installation and evidence that the testing of small electrical appliances was carried out annually.

Are there any outstanding requirements from the last inspection?

Yes

No

Outstanding statutory requirements

These are requirements that were set at the previous inspection, but have still not been met. They say what the registered person had to do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards.

No.	Standard	Regulation	Requirement	Timescale for action

Requirements and recommendations from this inspection:

Immediate requirements:

These are immediate requirements that were set on the day we visited this care home. The registered person had to meet these within 48 hours.

No.	Standard	Regulation	Requirement	Timescale for action

Statutory requirements

These requirements set out what the registered person must do to meet the Care Standards Act 2000, Care Homes Regulations 2001 and the National Minimum Standards. The registered person(s) must do this within the timescales we have set.

No.	Standard	Regulation	Requirement	Timescale for action

Recommendations

These recommendations are taken from the best practice described in the National Minimum Standards and the registered person(s) should consider them as a way of improving their service.

No	Refer to Standard	Good Practice Recommendations
1	9	Clear written instructions should be in place for staff to follow to ensure medication prescribed when required is given correctly.
2	29	To ensure references are objective they should not be requested from friends of the applicant.

Helpline:

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Web: www.cqc.org.uk

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