



## Care and Social Services Inspectorate Wales

### Care Standards Act 2000

#### Inspection Report

#### The Laurels Care Home

23 Meirion Street  
Trecynon  
Aberdare  
CF44 8NH

**Type of Inspection – Baseline**  
**Date(s) of inspection – 25 July 2014**  
**Date of publication – 21 August 2014**

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## Summary

### About the service

The Laurels is a residential care home registered with the Care and Social Services Inspectorate Wales (CSSIW) to provide accommodation to older adults in need of personal care. The home is privately operated and there is a nominated individual responsible for overseeing its operation. The registered manager is Julie Ward.

The home is situated in a quiet residential street close to the centre of Aberdare.

### What type of inspection was carried out?

We (CSSIW) visited the home on an unannounced basis on 25 July 2014 between the hours of 08:00 and 14:20. Analysis of the information held by CSSIW about the home led us to plan a baseline (full) inspection. To inform our report we considered the following:

- the home's statement of purpose
- an examination of a sample of resident care files
- an examination of a sample of staff files
- an observation using the Short Observational Framework for Inspection (SOFI 2). This tool enables inspectors to observe and record life from a service user's perspective; how they spend their time, their activities, interactions with others and the type of support received
- visual inspection of parts of the building and its facilities
- observation of daily life and care practices
- discussions with service users, visitors, staff and the registered persons
- an examination of relevant safety certificates
- an examination of other documentation including activity records, accident/incident logs, menu plans, training
- a review of the home's quality assurance systems

### What does the service do well?

We found the leadership and management to be committed to the principles of person-centred care. The home acts upon good practice guidance outlined in 'My Home Life'. This is an Age Cymru initiative which aims to improve quality of life for older people living in care homes.

### What has improved since the last inspection?

There were no compliance issues or recommendations identified at the last inspection. We found that the home continues to provide areas of consistent good practice.

### What needs to be done to improve the service?

We found that the registered persons were non-compliant with the following regulations as cited in the Care Homes (Wales) Regulations 2002:

#### **Regulation 18 (2) (and Standard 24 of the National Minimum Standards for Care Homes for Older People- March 2004).**

This is because the registered persons had failed to ensure that staff received regular, formal supervision (see Quality of Staffing below). The registered persons were aware of this deficit and *do* provide daily informal supervision and observations of care practice. For this reason a non compliance notice was not issued.

**Regulation 17 (1) (a) and (b).**

This is because we found personal information relating to former residents that was not kept securely in the care home. A non compliance notice was not issued on this occasion as the registered manager removed it promptly to secure storage

**Regulation 13 (4) (a).**

This is because the registered persons had failed to ensure that all parts of the home to which service users have access were kept free from hazards. A non compliance notice was not issued on this occasion.

It is expected that the registered persons will take timely and effective action to address the issues raised in this report and this will be tested at a future inspection.

**Recommendations**

- The registered provider should ensure that a written report into the conduct of the home is produced at least every three months as per Regulation 27 (4) (c).
- The registered persons should ensure that a full employment history is obtained for all staff members in accordance with Regulation 19 (2) (d), Schedule 2 (6).

## Quality of life

We (CSSIW) found that people living at The Laurels can be confident that they will experience a good quality of life within a welcoming environment. One resident told us, "It's lovely and homely here!"

People can be confident that their rights will be respected and their choices acknowledged and acted upon because the home ensures that people have control and influence over their care. During the inspection, we reviewed the care files for three residents, all of which we found to be well organised. The files contained care plans that were person-centred with clear information about residents' needs and preferences. We observed that care plans and risk assessments were reviewed regularly and contained relevant, up-to-date guidance for care staff. SOFI observations indicated that there were frequent, positive interactions with residents from staff who took the time to speak with people outside of the offer of care interventions. A relative of one resident told us that: "*my mother's dignity is always respected*".

Residents of The Laurels can feel secure that they will experience a sense of fulfilment through being positively occupied and stimulated. In addition, people can be confident that they will receive support with their spiritual needs. The home employs an activities coordinator who meets with residents on a regular basis to ensure that people are consulted about the range of activities on offer and we saw evidence within the activities log that the views of people were acknowledged and respected, where possible. Care files indicated that people were positively encouraged to engage in activities while their choice not take part was respected. We also saw evidence that the home recognises and caters for the individual needs and personal preferences of residents through the operation of a 'Make a Wish' list. We were told by one family visitor how staff did everything they could to fulfil her mother's wish and how pleased they both were with this. Other activities offered included discussion of events to place in the home's newsletter, armchair exercises, arts and crafts sessions and poetry readings based upon the suggestions of residents. One resident told us: "*There's plenty for us to do.*" A religious service is held every month for residents and is presided over by a local church official.

We found that the physical needs of residents are anticipated and people are supported to access specialist and/or medical professionals. Our examination of care files demonstrated liaison and consultation with a wide range of health professionals including opticians, podiatrists, the general practitioner and district nurses. In addition, the care files we looked at showed that there were care plans in place for acute and chronic medical conditions and these were reviewed regularly and revised accordingly. We observed that the home pays attention to people's nutritional needs and hydration, thereby further promoting physical well being. We saw both breakfast and lunch being served and witnessed that the individual likes and dislikes of residents were accommodated. The menu plan for the week was clearly displayed. In addition, we observed that residents were offered drinks and fruit throughout the day. We examined the storage and administration of medication and noted that the latest pharmacy audit was positive with no issues highlighted. We reviewed the accident/incident records and did not identify any concerns.

## Quality of staffing

People living at The Laurels can feel confident that they will receive care from competent staff who are able to anticipate and respond to their needs.

We examined two staff personnel files during the inspection visit and found these to be well organised. They demonstrated that generally the management of the home operates sound recruitment processes although the registered persons are reminded of the need to ensure that they obtain a full employment history for all staff.

We also considered the staff training plan which showed that the home operates a rolling training programme covering topics such as adult protection, first aid and fire safety. In addition, the home is advantaged by employing a manager and clinical lead (matron) who are both qualified nurses. This means that the care staff benefit from their skills, experience and leadership and ensures that adverse changes in residents' conditions are identified at the earliest opportunity. It also means that staff can competently meet the needs of residents who are, for example, waiting for assessments for nursing care and this was confirmed through our observations. However, while staff have considerable informal supervision, they do not have the benefit of regular, formal meetings with their line manager to discuss their professional development and practice. We reminded the registered persons of the regulatory requirement to undertake supervision.

We found that residents are cared for by understanding staff who are keen to make a positive difference to people's lives. We spoke with the relative of one resident who told us, *"The staff are lovely here. Whatever time of day I come, I get the same warm welcome. Nothing is too much trouble for them."*

We gained feedback from a visiting professional who informed us that she always finds the staff to be thoughtful and caring, and always acting with integrity.

Residents can expect to be cared for by a motivated staff team who are familiar to them. The home does not use agency staff and therefore residents benefit from continuity of care from staff who they know and recognise. We spoke with several staff members, all of whom stated they were happy working at the home and many had been in post for several years. We examined the home's most recent quality audit, which included questionnaires completed by staff, amongst others. One staff member had written: *"I have worked here for xx years and I love it the same now as I did back then."* We saw evidence of warm and friendly interactions between staff and residents and observed care being provided in a warm and relaxed manner. This would be indicative of sufficient staff numbers to meet the needs of the people living at the home, although the registered manager informed us that the home was considering increasing staffing levels from two to three carers during the afternoon period (2pm – 6pm) to ensure that care is delivered promptly at all times.

## Quality of leadership and management

People living at the home can feel confident that their views and opinions about the service will be recognised and taken into account by the registered persons.

We examined the latest quality assurance report completed in December 2013 which clearly demonstrated that the views of residents, families, staff and other professionals were taken into account when reviewing the quality of care provided. One questionnaire stated that the family were "*very happy at the exceptional care given*" and another relative noted that their family member felt safe and secure living at the home. We noted that the home has a clear complaints procedure which is communicated to residents in the service user guide, and that this is reviewed regularly.

We found, however, that although the responsible individual for the home visits regularly and is familiar with the needs of the residents, a written report had not been produced to evidence monitoring of the conduct and management of the home since August 2013. Although we saw no indication that the absence of such reports has impacted upon the quality of service experienced by residents of the home, we reminded the registered provider that there is a regulatory requirement to report findings and to evidence that any shortcomings are being addressed

Residents of the home can feel assured that the home's management structure is more than sufficient for its size and the needs of people living there. The manager is a qualified nurse, registered with the CSSIW and the Care Council for Wales as holding the necessary qualifications and experience to undertake this role. She is supported by a clinical lead, who is also an experienced qualified nurse. In addition, the responsible individual for the home is visible and actively involved there most days and residents know that there are people overseeing the service.

We observed close working relationships between those responsible for overseeing and managing the service. A visiting professional commented that the home prioritises the needs and wishes of residents and they had excellent working relationships with the management team. The collaborative culture we observed was also confirmed through conversations with staff who commented that they felt very supported by the management team who were willing to listen to suggestions and comments they raised. We also saw staff members actively seeking advice from the management team.

## Quality of environment

People can be satisfied that the home offers a warm and homely ambience. A tour of the premises demonstrated that it was light, clean and well maintained. We saw that residents' rooms were personalised. This provides people with a sense of familiarity and reinforces a sense of self-worth. Residents also benefit from a well organised lounge that provides direct access to a patio and large lawn at the rear of the building. We observed residents independently making use of the patio although the garden was not in use at the time of our inspection as the conservatory was being extended. This will provide residents with further space to enjoy and in which to develop relationships. We saw the lounge to be well used and residents interacting together with warmth.

We did however note that the patio area to the rear of the kitchen was cluttered and the registered persons were advised to keep this area clear and hazard free. In addition, we found a storage cupboard outside. This was being used for the storage of chemicals and cleaning fluids. The registered persons were reminded that this should be kept locked at all times when not in use. The ease of access to this cupboard could pose a potential risk to residents and visitors.

The home has a treatment room where residents can meet with health professionals and receive medical and nursing care in private. We were advised that this was built to provide residents with additional space and privacy and we saw that it also serves to promote infection control and cleanliness. A visiting health professional commented that this had been an excellent addition and the registered person advised that the room will be extended as part of the building works underway at the time of our inspection.

We found that people can not always be confident that their personal information will be kept secure or properly protected. During our inspection we observed a box of personal information outside a door and that any person visiting the home could have accessed this information. We advised the registered persons that they were required to keep all personal information appropriately secure. The registered manager acknowledged this and promptly removed the box to safe and secure storage..



**How we inspect and report on services** We conduct two types of inspection; baseline and focussed. Both consider the experience of people using services.

**Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

**Focussed inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focussed inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focussed inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.