



## Inspection Report on

**The Laurels Residential Care Home**

**The Laurels Care Home  
23 Meirion Street  
Aberdare  
CF44 8NH**

**Date Inspection Completed**

09/03/2023

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## About The Laurels Residential Care Home

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	The Laurels Care Home
Registered places	19
Language of the service	English
Previous Care Inspectorate Wales inspection	31 March 2022
Does this service provide the Welsh Language active offer?	This service is working towards providing an 'Active Offer' of the Welsh language and demonstrates a significant effort to promoting the use of the Welsh language and culture.

### Summary

People living in The Laurels are cared for by care staff who are warm and friendly, and familiar with their likes and dislikes. There have been improvements made in the content of personal plans to ensure care staff have the correct information to give people the right care at the right time. Daily notes are consistently recorded and care plans are reviewed regularly as required. Care staff liaise with external health professionals to provide holistic care and keep people healthy. There are measures in place to protect people from harm and abuse.

The environment is clean and well-maintained. There are plans for two additional rooms to be occupied on the top floor of the house. The staff structure needs strengthening to ensure all staff can focus on their individual roles, and recruitment is already in place to achieve this. All staff submit to the appropriate recruitment and vetting checks. There have been improvements in the formal supervision support given to staff, although staff report they have felt under pressure due to gaps in the staff team, which have now been addressed. The Responsible Individual (RI) conducts regular monitoring visits to the home and compiles biannual quality of care reports identifying the strengths and weaknesses of the service.

## Well-being

People are supported to have control over their day to day lives. Personal plans show likes and dislikes. We observed care staff asking people to choose their food, where they sat in the lounge, and what activities they do. On the day we visited there was a personal trainer encouraging people to do chair exercises in the lounge. Other activities include karaoke, arts and crafts, and outside events in the garden when the weather is good. People are asked to give their opinion on matters concerning their care. There is a complaints process in place, should it be needed.

There are measures in place to protect people from harm and abuse. Care staff are appropriately recruited and vetted, and receive all training required to be fit to practice in their role, including safeguarding training. A safeguarding policy is in place and care staff and the manager seem to be aware of when they would need to raise a safeguarding referral. Incidents and accidents are audited by the manager and the RI considers these as part of their quality assurance processes.

People live in a comfortable, clean and well-maintained environment that supports their wellbeing. The home is secure to unauthorised visitors, and exit doors are alarmed to alert staff to anyone who may be leaving the home without the support they need. There are actions in place to minimise risks to people's health and safety. Infection control protocols are in place, with regular cleaning schedules and a procedure for any positive COVID 19 cases. Facilities and utilities are checked and maintained to ensure they remain fit for purpose.

## Care and Support

The atmosphere in The Laurels is warm and friendly. Care staff seem to know people well and try to fulfil their preferences as much as possible. People told us; *“I have nothing to complain about here, there is nothing different they could do”, “everyone is always telling me (visitor) that they are ok here, especially about the nice food”* and *“we are very well cared for here, all the staff are very helpful and visitors can come any time, staying here or go up to our rooms”*. People are offered a choice of food, in line with their dietary requirements. We observed alternatives being suggested if people did not want either of the meal choices. People are encouraged and prompted to eat their meals.

People can be confident care documentation accurately reflects people’s current care needs and personal preferences. At the time of the last inspection, we found some personal plans required improvement in the consistency of information they contained. During this visit, we saw personal plans have been updated, streamlined and made clearer. Reviews are completed every three months as required. Risk assessments identify areas where people may need additional support to remain safe. We saw evidence of change in people’s needs reflected in care plans, with the new interventions shown in care staff’s practice.

Care staff at The Laurels work to support people to be as healthy as they can be. We saw evidence of consultation with, and visits from, health professionals such as GPs, community nurses and speech and language therapists. We spoke to senior care staff who are confident in identifying any changes in people and raising these for medical advice. Medication is stored safely, and administered as prescribed, by senior care staff who are appropriately trained. There is a medication policy in place and we observed part of a medication round conducted as per the policy.

## Environment

The environment at The Laurels is clean and decorated in a homely style. The home is set over two floors at present, with plans to make two further bedrooms available on a third floor. The Laurels is not a purpose-built building, so there is both a passenger lift and stairlifts to access different parts of the first floor. There are sufficient bathroom and toilet facilities in the home, and mobility and bathing aids for those who need them. We looked in a few bedrooms, which were personalised and contained individual's own belongings. There is a large communal lounge, conservatory and dining room, and people can choose where they spend their time. There is a well-maintained and presented garden for people to enjoy in good weather. The manager's office is in an outbuilding alongside the main building of the home.

We saw evidence of a rolling schedule of servicing and maintenance of facilities and utilities to ensure they remain safe to use and fit for purpose. Fire equipment is regularly checked and alarms tested by a staff member every week. An external fire safety company completes fire risk assessments and safety checks. People have their own Personal Emergency Evacuation Plans (PEEPs) which are accessible in case of an emergency. The home is secured from unauthorised visitors, and there is a signing in and out book. Areas of the home that may pose a risk to an individual's health and safety, such as the medication room, remain locked.

## Leadership and Management

Care staff enjoy working in the service, but some told us that they feel pressure in their roles due to gaps in staffing. At the time of our inspection, the current manager was working from home during parts of the week, and the administration assistant works part time. This means when there is no one in the office, it falls to senior carers to answer phone calls, which sometimes takes them away from monitoring communal areas or assisting with care tasks. We discussed this with the RI who advised that a new manager had been appointed, who the current manager will work alongside. An additional carer has also been appointed to support the staff team to care for those who have increasing needs. This should strengthen the management structure and enable senior carers to concentrate on their roles. Staff told us: *“It’s a lovely home, but there is pressure on carers at the moment”, “we need to make sure we are all able to meet the dependency of some of the residents, without leaving others on their own”, and “the quality of life is good here, the staff are wonderful, we all care about the people who live here”.*

Care staff are recruited and vetted to ensure they are fit to work before starting in their roles. We saw the service provider completes required pre-employment checks and all staff work with a current Disclosure and Barring Service (DBS) certificate. Care staff are up to date on their mandatory training and refreshers and on the day we visited, all the staff on shift appeared competent in their roles. Since the last inspection, improvements have been made in the frequency of formal, one-to-one supervision sessions between staff members and the manager. The manager has compiled a matrix to ensure this frequency is maintained.

There are quality assurance processes in place to support the delivery of a good service. The RI completes the required quarterly monitoring visits, gathering feedback from people that live there, their visitors and staff as well as analysing accidents and incidents that have occurred since the last report. A biannual quality of care report is written to identify what is working well in the service and what is not working well and identify any actions for improvement. Core policies and procedures are up to date and accessible to staff should they need to consult them for additional guidance.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
15	Care plans contain some out of date information no longer relevant to people's care needs. Not all risks have been assessed and included in the plans.	Achieved
36	Supervisions and appraisals are not being held regularly, or in line with the service provider's supervision policy	Achieved

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