



Inspection Report on

The Laurels Residential Care Ltd

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

Date Inspection Completed

17/10/2024

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About The Laurels Residential Care Ltd

Type of care provided	Care Home Service Adults Without Nursing
Registered Provider	THE LAURELS RESIDENTIAL CARE LTD
Registered places	22
Language of the service	English
Previous Care Inspectorate Wales inspection	[Manual Insert] First post- registration inspection
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

The Laurels has a small staff team that work well together. Staff show genuine care and warmth for the people they support. Personal plans contain the required information for care staff to be able to provide people with the right care at the right time. Reviews should contain information about events that have occurred since the last review. Activities are arranged for people to participate in should they wish. There is a new layout in the communal areas of the home that makes the most of the space. The manager has made effective changes in processes in the home and provides a stable support for the staff team. There is ongoing maintenance in the home. Care staff are appropriately trained and supervised in their roles. The Responsible Individual (RI) has a good relationship with the manager and monitors the quality of the service being provided.

Well-being

People are supported to have control over their day to day lives. Throughout the inspection, we saw care staff show genuine interest and care for the people they were supporting. Almost everyone spends the day in the lounge downstairs. There is a smaller, quieter lounge that has also been created that we saw people choose to spend parts of their day in. Similarly, people can come and go from the lounge to the secure outside space as they wish. Visitors can be accommodated in the communal lounge or in people's bedrooms. There are planned meals, however kitchen staff also know people, their preferences, dietary requirements and will make specific meals and snacks based on this. There is an activities co-ordinator who engages people in group tasks, and individuals can also use colouring books or puzzles to keep them occupied throughout the day.

Care staff at The Laurels help people to be as healthy as they can be. We saw evidence of timely referrals to appropriate external health professionals, such as GPs and Older Person's Mental Health team. The manager advised that care staff have a good relationship with community nurses. Guidance or treatment plans are included in people's personal plans. Everyone currently living at The Laurels can have their needs met by the service. Medication is stored safely, administered as prescribed and recorded clearly. We observed part of a medication round and spoke to a care staff member who was able to competently explain the medication administration and different types of medication people were prescribed. There is a medication policy in place to further guide staff if needed.

There are safeguards in place to protect people from potential abuse or harm. Care staff complete safeguarding training, and report that they would raise any issues or concerns with the manager. The manager is experienced and knows when and how to raise a safeguarding issue with the Local Authority team if needed. There is a safeguarding policy in place to provide additional guidance if needed.

Care and Support

People gave us good feedback on their experiences of living at The Laurels. On the day we visited, there was a person going home from a respite stay, who said what a good time they had had whilst on their stay. Other people told us: *“It’s alright here, the staff are very friendly,”* *“We’re spoiled here,”* *“The staff are very good at helping you, and we’re all outside when the weather is nice.”* The service identifies people’s interests and things they enjoy in order for them to consider ways in which people can continue their hobbies, such as helping out with day-to-day maintenance”

Personal plans and risk assessments are in place and give care staff the information they need to be able to provide people with the right care at the right time. The manager has set up a keyworker system. This means people can have a care worker they know well and who are responsible for the reviews of their care. Reviews are completed regularly as required. We discussed including more analysis of events that have occurred in the content of the reviews. Daily notes and supplementary charts are filled out consistently. Incidents and accidents are recorded, and appropriate actions taken. The manager considers people’s needs and compatibility with other residents when undertaking pre-admission assessments, particularly around mobility and transfers. Vacant beds are used for short-stay periods of respite. Respite care plans include vital information for people’s stay.

There are sufficient infection control measures in place. We observed personal protective equipment (PPE) being used appropriately for close contact care. Teams of domestic and laundry staff are employed, and we found the home to be clean and tidy. Infection control processes are followed, with a policy in place for additional guidance.

Environment

The home is set over three floors, with the top floor having recently been renovated with two new bedrooms and a bathroom. Stairlifts are in use on all sets of stairs. There is redecoration being done in the home. We saw new flooring in some bedrooms. The lounges and dining area have been painted. Bedrooms are personalised and contain people's own belongings. There is an accessible and useable secure outside space with patio and garden.

The home is maintained to a good standard. There is a maintenance worker employed to complete regular monitoring checks and small repair or replacement jobs. External contractors are also employed to complete servicing and maintenance of facilities and utilities, such as mobility aids, stairlift, and the fire system. People have personal evacuation plans in place, which detail the support they would require to evacuate in an emergency. Fire drills are required to be completed at regular intervals to ensure staffing levels match the evacuation requirements, depending on the needs of the people living in the home at the time and we were assured action would be taken.

The home is secure from unauthorised visitors. Visitors are welcomed into the home by a staff member and have to sign in and out. Areas of the home that could contain hazards to people's personal safety such as the kitchen and medication room were locked when we inspected. Confidential information is stored in the office, which is in a separate building in the garden.

Leadership and Management

All staff members we spoke to during our inspection were very positive about their experiences of working at The Laurels. They told us: *“The residents make it for me here, they’re the best part of the job”*, *“it’s like a family here because it’s small and we all know each other really well.”* Feedback about the manager was also very good: *“I have a lot of respect for [manager],”* *“You can go to her with anything.”* The manager is visible in the home. They work care shifts with staff to be able to experience any issues with care processes that may be raised and to understand the demands of the caring role better.

People are supported by care staff who are vetted, suitably trained and supported in their roles. We sampled some staff personnel files and saw they contain most of the required information. We discussed the gaps in documentation with the manager and were assured this would be addressed immediately. All care staff are working with a current Disclosure and Barring (DBS) check. Staff complete both theoretical and practical training in mandatory subjects and subjects relating specifically to the needs of the people they support. Care staff receive supervisions from senior carers, and senior carers receive theirs from the manager. This is a formal session where any issues or concerns on a one-to-one basis between staff member and line manager. We also saw evidence of staff meetings where discussions can be openly held in groups, and the manager is described as approachable with any issues if needed.

There are quality assurance processes in place. The RI has overall oversight of events in the home and completes quarterly quality monitoring visits and biannual quality of care reports as required by regulation. The manager advised they feel supported by the RI and they work well together. Audits are being undertaken to monitor quality of recording, medication and incidents/accidents, to further inform the analysis of the care being provided in the home.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	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.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	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.

Area(s) for Improvement

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

	inspection	
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