

East Living Limited

Laburnums

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

We carried out an unannounced comprehensive inspection of this service on 24 and 25 June 2015. Breaches of legal requirements were found. This inspection took place on 6 and 9 May 2016. We found that the required improvements had been made to the safety and quality of the service and legal requirements were met.

Laburnums is registered to provide personal care and accommodation for up to 9 people who have a learning disability. There were six people receiving a service on the day of our inspection, including one person who was in hospital.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Improvements were noted to the management of risks both for individual people and to the environment so as to ensure people's safety. This included the safety of the premises and equipment used. Equipment such as that relating to fire or moving and handling equipment had been tested and checked to ensure it was safe and in good working order.

Systems to monitor and improve the quality and safety of the service were being effectively implemented. Regular checks were being completed by the staff, the registered manager and the provider's representative to ensure action was taken where needed to improve the service.

Staff were knowledgeable about identifying abuse and how to report it to safeguard people. Recruitment procedures were thorough. Risk management plans were in place to support people to have as much independence as possible while keeping them safe. There were also processes in place to manage risks in relation to the running of the service.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had support to access healthcare professionals and services. People had choices of food and drinks that supported their nutritional or health care needs and their personal preferences.

People were supported by skilled staff who knew them well and were available in sufficient numbers to meet people's needs effectively. People's dignity and privacy was respected and they found the staff to be friendly and caring. People were supported to participate in social activities including community based outings.

Staff used their training effectively to support people. The manager understood and complied with the

requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff were aware of their role in relation to MCA and DoLS and how to support people so as to ensure their rights were respected and met.

Care records were regularly reviewed and showed that the person had been involved in the planning of their care. They included people's preferences and individual needs so that staff had clear information on how to give people the support that they needed. People told us that they received the care they required.

The service was well led; people living and working in the service knew the registered manager and found them to be approachable and available in the home. People had the opportunity to say how they felt about the home and the service it provided. Their views were listened to and actions were taken in response. The provider and registered manager had comprehensive systems in place to check on the quality and safety of the service provided and to put actions in place to improve it.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to recognise and report abuse. There were systems in place to manage risk for the safety of people living and working in the service.

Staff recruitment processes were thorough to check that staff were suitable people to work in the service and there were enough staff to meet people's needs safely.

People's medicines were safely managed and people received their medicines as they should.

Is the service effective?

Good ●

The service was effective.

People were supported appropriately in regards to their ability to make decisions. Staff sought people's consent before providing all aspects of care and support.

Staff received training and supervision suitable for their role.

People were supported to eat and drink sufficient amounts to help them to maintain a healthy balanced diet. People were supported to access appropriate services for their on-going healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were provided with care and support that was personalised to their individual needs. Staff knew people well and what their preferred routines were.

People's privacy, dignity and independence were respected, as was their right to make decisions and choices.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned so that staff had guidance to follow to provide people with consistent person centred care.

People were supported to follow interests and activities they enjoyed.

The service had appropriate arrangements in place to deal with comments and complaints.

Is the service well-led?

Good ●

The service was well led.

There were systems in place to monitor and continually improve the service.

Staff felt valued and were provided with the support and guidance to deliver a good standard of care to people.

The atmosphere in the service was open and inclusive. People and staff had opportunity to express their views and be listened to.

Laburnums

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 6 and 9 May 2016 and was unannounced.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with five people who received a service. We also spoke with the registered manager, the service manager and three staff working in the service.

We looked at two people's care and medicines records. We looked at records relating to seven staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

Is the service safe?

Our findings

During our inspection of the service in June 2015 we found that the provider did not have suitable arrangements in place to protect people against risks in the service including environmental and individual risks and use of equipment. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet regulation and ensure people's safety.

At this inspection on 6 and 9 May 2016 we found that the required improvements had been made. Environmental risk assessments were in place for the service. People's individual risks had been assessed and actions put in place to mitigate these safely. Equipment had been serviced and checked and staff had been trained on how to use it safely. A new fire risk assessment had been completed and identified additional actions were required. Works had been completed on some fire doors and the additional required work was booked to be completed during the week of our inspection. Staff had received updated training on fire safety. The surface of the driveway had been levelled so it no longer presented as a hazard to people. Improvements had been made to the conservatory which, while now needing some ongoing remedial works, was available and being used by people.

At our last inspection we found that some records relating to staff recruitment were not available at the service for inspection to show that recruitment practices were safe. At this inspection of 6 and 9 May 2016, while not all the records were available on site, the registered manager accessed the required records electronically from the provider. Records showed that staff had been interviewed to demonstrate their suitability for the role and that the interview panel had included a person living in the service. Staff told us that the required references, criminal record and identification checks were completed before they were able to start working in the service and this was confirmed in the records. Records to demonstrate safe recruitment and the suitability of agency staff was available.

At our last inspection we noted some differing views as to the suitability of night staffing levels. These levels had since been increased by the provider to ensure there were enough staff deployed to meet people's needs safely. The registered manager demonstrated through the rotas how staffing levels were flexed to meet people's needs and provide support for people's individual activities. An assisted technology system had recently been introduced that monitored movement in people's bedrooms and triggered an alert to staff should the person not return to their bedroom after a set period of time. This meant that should the person for example, have a fall on the way to or in the bathroom, staff would be notified so they could support the person. The system logged the frequency and amount of time staff spent supporting a person in their bedroom. The registered manager told us that the information be will used to analyse the support needed by individual people so as to enable the provider to evidence their applications for additional staff funding to ensure people's safety and well-being are met.

People confirmed they felt safe living in the service. One person told us this was because they had their own room where they could spend time and they felt safe and happy there. The registered manager and staff had a good knowledge of how to keep people safe from the risk of abuse and had attended training in

safeguarding people. Staff knew how to report any suspected abuse and confirmed they would do this without hesitation to protect people. The manager showed us that they had taken appropriate action to identify, report and safely manage a concern relating to medicines in the service. As part of a programme of themed topics in the service we saw that potential abuse and keeping safe had been discussed with people during a recent resident meeting. The topic had also been discussed with staff as a group to ensure that their awareness was current to safeguard people.

People received their medicines in a timely and safe manner. People confirmed that staff helped them with their medicines and that they received their medicines when they should. The provider had systems in place that ensured the safe receipt, administration and recording of medicines. Medication administration records were consistently completed and tallied with the medicines available. Prescribed creams were recorded as administered. New protocols had been introduced following a concern with safe medicines practice that had been identified in the service. These protocols had been discussed with staff and were part of staff practice observed during our inspection and confirmed in records. Medication administration records were consistently completed and clear codes used to explain if a person had not had their medicine, for example if they were in hospital. Records were now being kept of temperatures in the area where medicines were stored. The registered manager had made immediate arrangements to obtain equipment to reduce the temperature in these areas to ensure medicines did not spoil. The service had procedures in place for receiving and returning medication safely when no longer required. Assessments of staff competence to administer medicines safely were completed. Medication audits were carried out to ensure safe management of medicines.

Is the service effective?

Our findings

People were supported by staff who were well trained and provided with opportunities for guidance and development. Staff told us that when they started working in the service they received a thorough induction training to enable them to meet people's needs well. One staff member told us, "I had a good induction. I was able to familiarise myself with people's needs and their care plans as well as all aspects of the service. Even though I already had certificates for some things, I still had to do all the training again."

Staff told us they attended a range of training courses and updates such as moving and handling, fire safety and food hygiene. They had also been supported to obtain additional qualifications in health and social care. Staff confirmed they received the training they needed to enable them to provide safe, quality care to people. They also told us that they felt well supported and received regular formal supervision and appraisal with their manager. Records provided by the registered manager confirmed this and showed that these were used to support staff to set personal goals for skills development.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). The 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.

Staff confirmed that they had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff demonstrated a good understanding of MCA and DoLS and when these should be applied. Records showed that people's capacity to make some decisions was assessed and decisions made in their best interests where needed. This included the use of bedrails and the use of the movement sensors in people's bedrooms. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Where people were deprived of their liberty applications had been made to the local authority for DoLS assessments to be considered for authorisation. Where authorisations were in place, staff were aware of it and able to tell us how it was implemented in the person's everyday life in the least restrictive way. This meant that the provider had acted in accordance with legal requirements. Staff respected people's rights to make decisions and sought their consent before providing support. One staff member said, "It is their decision, be it having a shower, going to the GP or taking their medicines. We must ask their agreement and if they say no, that is it, just like for me."

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. One person told us that they had things they liked such as bread with jam and another person told us they sometimes liked to and could have a boiled egg. We saw that people were encouraged to drink to ensure they remained appropriately hydrated, particularly as the weather was very warm. Staff told us that people participated in planning the weekly menu. People confirmed this and told us they enjoyed the food provided at the service.

Systems were in place to safely support people to make their own hot drinks and to be involved in preparation of snacks and some meals. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. Nutritional supplements had been obtained where a person was identified as at nutritional risk and where they may have had difficulty swallowing on occasions.

People's healthcare needs were monitored and they were supported to access healthcare services as required. One person told us that staff call the doctor and make an appointment for the person when they do not feel well. People's care records demonstrated that staff sought advice and support for people from relevant professionals. This included occupational therapy support to maintain mobility or speech and language team support where there was a risk of choking for a person. Staff knew and understood people's conditions and health needs and were able to tell us how these were being met. Each person had a health action plan in place and a 'hospital passport' as part of their care records. This provided important information about the individual person's needs, abilities and preferences to support effective and consistent care.

Is the service caring?

Our findings

People received care and support which was individualised and person centred. People confirmed that staff were caring and kind and one person told us that that staff were "nice" and "good to me". A relative commented in a recent provider questionnaire about the service, "I am so grateful for the caring and compassion given." All the interactions we observed between staff and people were positive. Staff engaged people in social conversations and listened to what people had to say.

People and their relatives were involved in planning and reviewing their care and people had signed their records to confirm this. The registered manager confirmed that all the people living in the service had relatives to support them if appropriate in making decisions and that independent advocates would be accessed for people if needed. Information on advocacy services was clearly displayed in the service.

Staff clearly knew people's likes and dislikes and people and staff chatted easily together in an appropriately familiar way. Some of the staff had worked with people living in the service over a period of time which enabled confident relationships to develop. One person said, "I know most of the staff, they are nice." Staff supported people to maintain and develop relationships and people told us their relatives were welcomed in the service.

Staff knew people's interests such as favourite social activities and used these in conversation with people. They shared jokes and laughed together. People were encouraged to make choices and decisions and staff waited for people to consider questions and to give their answer. People were supported to maintain skills and independence. Staff reassured people that they could complete tasks for themselves and encouraged people, for example, to make their own breakfast, lunch and drinks. One person told that they made their own sandwiches for their packed lunch on the days they went to work. Another person told us that they were able to complete parts of their own personal care and then staff helped them to finish off the areas they needed assistance with. Staff advised that some people had a front door key to the service as this was their home and this was confirmed by people we spoke with.

Staff treated people with dignity and respect. We saw staff were respectful in their interactions with people. Staff told us that people's right to private time was respected. People could lock their bedroom when they left it to keep their personal space private. We saw that staff knocked on people's bedroom doors and asked people for their agreement for us to view their bedrooms. People's records were securely stored to ensure confidentiality and respect their right to privacy.

Is the service responsive?

Our findings

Staff assisted people with their care and support and were responsive to their needs. Staff were aware of how each person wanted their care to be provided and what they could do for themselves. People confirmed they received the care and support they needed. A relative commented in a recent provider survey, "I feel [person's] individual needs are met and staff take the time to find out what [person's] interests are. Another relative commented, "I cannot express how grateful I am for the way staff look after [person's] very difficult needs."

Each person had a care plan in place showing the support they required and these were reviewed so that staff had clear guidance on how best to meet people's current needs. Care plans were written in a person centred way and clarified how people needed to be supported while being empowered to maintain skills and independence. Staff were aware of people's individual needs and responded to this in an individual way. Staff were able to explain, for example, that one person needed a thickener added to drinks. This was documented in the person's care plan and while it did not clarify the amounts to be used, staff were able to tell us in discussion. We noted that while a person's physical healthcare needs were identified, greater clarity could have been included in relation to their pressure relieving equipment and fluid intake monitoring. Staff commenced working on improving these during our inspection.

Each person was treated as an individual and received care responsive to their needs. One person had had some falls at night when going to the bathroom. With the person's involvement and professional assessment, a commode had been obtained for the person's bedroom that reduced their risk and maintained their independence. The person confirmed that this was suitable for their needs and described it as "better". One person required their food to be softened or pureed to meet their assessed needs. Staff confirmed that, for example, the person's bread roll was presented with and added to the soup piece by piece. This allowed the person to see and understand that they were still having a favourite food although the texture was changed.

The provision of enjoyable occupation and stimulating interaction for people was given suitable consideration in the service. Records showed that the registered manager had discussed with staff how this could be developed further with each person and better demonstrated with photographic records. People told us or confirmed they had opportunity for appropriate social and meaningful activities both at home and in the community. People told us they could spend their time as and where they wished and we saw this during our inspection. Some people were involved in tasks at home including making meals and drinks or watching television. One person told us they enjoyed the weekly art therapy sessions in the service and they liked having their art work displayed in their home. Another person told us that they liked going to work, which they did with a friend who also lived in Laburnums. Other people enjoyed horse riding and another person told us they enjoyed going to the pub and for a meal out.

People told us they would feel able to tell staff if they were unhappy or had any concerns about the service. The provider had a complaints policy and procedure in place. Information on how to make comments and complaints was clearly displayed in an easy read format for people living in the service. The registered

manager told us that no formal complaints had been received since the last inspection so we were unable to judge the complaint procedure's effectiveness. Some comments had been recorded on people's behalf showing that people's concerns were listened to. One related to a person saying that the walk to the bank to manage their finances was now physically too much for them to do independently. The registered manager had responded to the person by arranging that the person went to the local post office instead as it was nearer. The person confirmed that this is now what happened.

Is the service well-led?

Our findings

During our inspection of the service in June 2015 we found that the provider did not have suitable arrangements in place to monitor, assess and improve the quality and safety of the service provided. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider sent us an action plan to tell us how and when they would meet regulation and ensure people's safety.

At this inspection on 6 and 9 May 2016 we found that the required improvements had been made. The provider's quality assurance policy and procedures had been reviewed. Clear systems were in place to complete regular audits in the service over a range of areas and these were being implemented. The audits were monitored by the registered manager in their monthly assessment of the service to ensure their completion and that actions identified were completed. The registered manager's audit tool included links to the Care Quality Commission's Safe, Effective, Caring, Responsive and Safe headings and relevant criteria.

The provider had completed additional monitoring and reports on the service. Identified actions were shown to have been completed or plans were in place to address them. This included a complete decoration of the premises to begin within a month of the inspection and new furniture some of which was already in place. Systems were now in place, for example, to monitor staffing levels against people's changing needs. Information from accident or incident records had been analysed to ensure actions could be put in place if needed to improve the quality and safety of the service people received. Actions were in place to demonstrate learning from events, such as the new medicines management practices and showed continuous improvement.

A new manager had been appointed since our last inspection who had promptly and successfully made application to register with the commission as required. The registered manager made arrangements to retrospectively notify the commission of required events in the service to ensure that appropriate actions were taken. The commission's rating of the service was also displayed in the service as required.

There was an open and inclusive approach in the service. Staff told us the registered manager was approachable and listened to them so that they were well supported. Staff meetings provided opportunities for staff to express their views and receive information relevant to the service and the people living there. People benefited from a staff team that worked together effectively. Staff were clear as to the aims of the service and expressed commitment to providing people with the support they required while respecting their independence and right to make their own decisions. There were clear communication systems in place to support quality care including handovers and communication records.

Arrangements were in place to listen to people's views. People living at Laburnums attended group meetings and also had individual meetings with their keyworkers. Records showed these were used as an opportunity to discuss people's preferences and suggestions such as for meals and activities to improve their quality of life experience. Meetings were also used to review issues such as keeping safe. Relatives and

other stakeholders had recently complete a questionnaire about the service. All of the completed surveys rated Laburnums positively in all aspects of the quality of the service provided and experienced by the people living there.