

# CareTech Community Services 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

This inspection took place on 16 and 20 June 2016 and was announced.

Laburnums provides accommodation and personal care for up to six adults with a learning disability. At this inspection four people were living there.

A registered manager was in post and present during our inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger and abuse. The provider undertook investigations into any incidents or accidents to identify learning and to reduce the possibility of reoccurrence.

There were enough staff to support people and to meet their needs. The provider completed appropriate checks on staff before they started work to ensure they were safe to work with people. People received help with their medicines from staff who were trained to safely support them.

People received care from staff who had the skills and knowledge to meet their needs. Staff attended training that was relevant to the people they supported.

Staff were supported by the provider and the registered manager who promoted an open and transparent culture. Staff received regular one on one support sessions where they could discuss aspects of their work and identify any improvements if needed.

People were involved in decisions about their day to day care. When people could not make decisions for themselves staff understood the steps they needed to follow to ensure people's rights were upheld.

People's likes and dislikes were known by staff who supported them in a way which was personal to them. People were supported by staff who had positive relationships with them. People were involved in their own care and information was given to them by staff in a way they could understand.

People's independence was encouraged and staff respected their privacy and dignity. People had access to healthcare when needed and staff responded to any changes in need promptly and consistently.

People and staff felt able to express their views to the management team and felt their opinions mattered. The provider and registered manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

## 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.

People were protected from harm as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Checks were made before staff could start work to ensure they were safe to work with people. People were supported safely with their medicines by staff who were trained and competent to do so.

### Is the service effective?

Good ●

The service was effective.

People had their needs met by staff who received appropriate training and support. People had access to healthcare when they needed. Staff supported people to make decisions and protected their rights. People were supported to maintain a healthy diet.

### Is the service caring?

Good ●

The service was caring.

People had positive and caring relationships with staff who supported them. Staff spoke about people they supported with warmth, respect and kindness. People had their privacy and dignity respected by staff. People had their rights protected by staff supporting them.

### Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personal to them. People were supported by staff who knew them well. People felt their opinions were valued by staff and were able to raise any concerns or comments with the provider.

### Is the service well-led?

Good ●

The service was well-led.

People felt included in the running of their home and their

suggestions were valued. The provider and staff had shared values in supporting people. The registered manager and provider had systems in place to monitor the quality of support delivered and made changes when required.

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# 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 took place on 16 and 20 June 2016 and was announced.

The inspection team consisted of one inspector. The provider was given 18 hours' notice because the location was a small care home for adults who are often out during the day and we needed to be sure that someone would be in.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information to help plan our inspection.

We spoke with two people receiving support, two relatives, one advocate, the registered manager, two care staff members, and two locality managers. We also spoke to a deputy manager from another location who had been involved in a recent transition for someone to Laburnums. We viewed the care and support plans for two people, including assessments of risk and records of healthcare provision and medicines. We saw records of quality checks completed by the provider and incident and accident records.

# Is the service safe?

## Our findings

We looked at how people were kept safe from abuse. One person told us, "I am very safe here. I know who to talk to if I wasn't". Staff had received training and understood how to identify any signs of abuse or ill-treatment. One staff member said, "We have received training on how to recognise abuse and what to do". Another staff member told us, "We (staff) are here to make sure everyone is safe and well. If I ever thought anything was wrong I would report it immediately without hesitation". Staff members knew the procedures they would need to follow and where these were kept if they suspected abuse. Staff knew which outside agencies they could report concerns of abuse to. A staff member told us, "We have all the information on the computer telling us what to do and where to go for support if we thought something was wrong". We saw the provider had made appropriate referrals to the local authority when necessary to ensure people were kept safe.

People told us they felt safe receiving services from the provider. People told us how they kept safe in their own home. One person said, "I go into the kitchen to cook and make drinks but stay away from anything hot. If I need help they (staff) will sort it for me". We saw risks to people had been assessed and steps taken to minimise the possibility of harm. For example people had individual assessments to prevent the risk of falls.

Incidents and accidents were reported to the provider to identify any patterns which needed action or any changes that were required. For example, following one person's recent fall the provider asked another manager not connected with Laburnum's to look into the incident. This manager told us this was so they could undertake an impartial fact finding exercise and identify any learning. As a result they identified a couple of points which they believed could be improved but which would not have prevented the incident from occurring. This included timely and accurate reporting of the incident using the providers recognised procedures which had not occurred in this instance. We checked and people were aware of the feedback and what was expected of them in regards to the reporting of incidents in the future.

We saw staff supporting people and following risk assessments in a way that kept them safe whilst enabling people to do what they could. One relative told us, "[Relative's name] went out on a sailing boat. I know this was something they loved. Other places would say that was too risky but they [Careteck] made sure it was safe". People we spoke with told us they felt safe when going out and taking part in activities. Staff and the registered manager told us when they identified concerns they took steps to rectify them immediately. At this inspection we saw the registered manager identify a potential problem with a door closure. This was reported straight away to their maintenance team and actions taken to ensure people remained safe whilst waiting for the repair.

People, relatives and staff told us there were enough staff to meet their needs. The registered manager told us if they identified a change in need they made a request for reassessment to ensure the person received the correct amount of support. We saw the registered manager seeking further assistance from a funding authority following a change in one person's personal circumstances. One relative told us, "I know they [provider] are talking to social services to make sure [relative's name] gets the right amount of support they need". We saw the provider had put additional support in place for this person whilst a decision was being

made by the funding authority. At this inspection we saw staff were available to meet people's needs when they wanted and to engage them in the activities they enjoyed.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe staff practice and took action when necessary.

We looked at how people were supported with their medicines. One staff member told us, "We received training from the chemist to make sure we are safe to support people". Another staff member told us, "After my training I was observed by [registered manager] to make sure I was competent and safe to give medicines". Records were kept regarding the administrations of medicines and these were monitored on a daily basis by either the senior care staff or the registered manager. A senior staff member told us this was to ensure any mistakes were addressed straight away and so that people were kept safe. The registered manager had appropriate systems in place to ensure people received their correct medicines. The registered manager and staff knew how to support people with "as required" medicines and how to record these.

# Is the service effective?

## Our findings

People told us they thought staff supporting them had the right skills and training to assist them. People said they were supported in a way they wanted. One person said, "They (staff) are very good, they know what they are doing". One relative told us, "All the staff seem to know exactly what they are doing and appear to be very knowledgeable".

Staff had access to training appropriate to meet the needs of people they supported. Staff members told us they felt well trained and supported to provide the best care for the people they assisted. Staff members told us they had completed training they felt was appropriate to their role including autism awareness and the use of Makaton sign language. One staff member said, "Following recent training in medicines I revised people's medicine care plans. This was to make sure the information was up to date with current practice".

One staff member told us, "When I first started I spent time just getting to know people and how to support them". Staff members told us they spent time with a more experienced staff member when they began working at Laburnum's. They told us this allowed them the opportunity to see what was expected of them and how to work with those they would be supporting.

People received assistance from a supported staff team. Staff told us they received regular one-on-one sessions during which they could discuss their roles and any changes relevant to the people they supported. One staff member told us, "We have opportunity once a month to talk about our role, any problems and any improvements we can make in how we work". Staff members told us they felt supported outside of these formal sessions and could approach the registered manager or a senior at any time. One staff member said, "It is very supportive here. Staff talk to each other and bounce ideas around all the time".

We saw staff sharing information appropriately between people they supported and other staff members. We saw staff talking with people about their day's activities and appointments. We saw staff members allowed time for the person to consider what had been said and to give their response. When people made decisions about what they wanted to do staff arranged with them the support they needed. Staff members then ensured arrangements were in place to help people to their appointment on time. One staff member was talking to one person before they went out. They were talking about the weather and asking what clothing they thought would be appropriate if it rained.

We saw people were supported to make their own decisions and were given choice. People were involved in decisions about their care and support as well as the environment in which they lived. One person told us they made the decisions regarding the redecoration of their home. Another person said, "I chose what I wanted in my room and the colour of the walls". We saw people making decisions about what they wanted to do, where they wanted to go and what they wanted to eat. When someone struggled to make a decision staff took the time to explain the options and encouraged the person to talk about what they wanted.

We saw people being asked by staff members if they wanted any assistance and spoke with them about how they wanted things done. We saw staff members using visual cues for people to communicate certain



actions for example, when offering a drink one person was shown a cup to aid their understanding.

People told us they were asked for their consent and permission prior to staff assisting them. The registered manager told us people's capacity to make decisions was assessed when needed. At this inspection we saw the registered manager undertaking an assessment of capacity with someone regarding their medicines. The registered manager said, "Although we assume people have the capacity to make decisions sometimes when we are not sure we complete an assessment with them. This is to ensure the person fully understands". We saw this person was able to make decisions for themselves and communicated what they wanted to the registered manager. Staff members had a clear understanding of what to do should someone not be able to make decisions for themselves. One advocate told us, "We were involved at the request of the registered manager. [Person's name] struggled to make decisions so we became involved to build a relationship with [person's name] and help to make decisions in their best interests". Staff told us if it was required they would follow the principles of the Mental Capacity Act and make a decision for the person in their best interest.

The Mental Capacity Act 2005 (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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA and DoLS. At this inspection we saw the registered manager had made appropriate applications for DoLS although they were waiting for a response regarding these applications. Whilst waiting for a decision staff continued to support people in the least restrictive way possible. For example staff member's ensured people still took part in the activities they chose. This ensured people's rights were protected.

Staff members and the registered manager told us if someone became anxious they would assist them and help ease their anxiety. They would talk calmly with the person and redirect from what was causing any anxiety. Staff members told us they did not have the need to use any physical restraint techniques for the people they supported.

People were supported to have enough to eat and drink and to maintain a healthy diet. People we spoke with told us they were happy with the food and were involved in decisions about what to eat. One person told us, "[Staff member's name] makes great spicy pasta. I can help if I want but I don't like cooking. They are much better at it than I am". People told us they were involved in the planning of their weekly menus and brought the shopping for meals. Staff were aware of people's individual needs regarding eating and drinking. For example, Staff told us about people's swallowing difficulties and what to do to keep food safe and enjoyable for the person. One staff member told us, "At the present there are no concerns for anyone in terms of any weight loss or gain. However: we are constantly mindful and seek guidance from the GP should we have any concerns".

People had access to healthcare services, including GP, district nurses and community psychiatrist and were supported to maintain good health. One person told us, "If my tummy does not feel right I tell [staff member's name] and they will get the doctor". One relative said, "Because staff have worked with [relative's name] for so long they know when things are not right with them.

Something as simple of being quite can mean they are not feeling very well and they will seek advice from the doctor". We saw records of regular health care visits including GP and physiotherapy.

## Is the service caring?

### Our findings

We saw people being supported by staff who were kind, caring and compassionate. People told us they felt valued by staff. One person said, "Staff are great". Another person told us, "They [staff] are all lovely". One relative told us when they visited they were always made to feel welcome and staff went out of their way to ensure they felt included in their family members home. Staff spoke about those they supported with fondness and warmth. Staff were able to tell us about individual's personal histories including family and people's life experiences. One staff member said, "We have worked with some of those here for so long they feel part of our family".

Staff showed people that they mattered and took the time to ease any anxieties they might be experiencing. We saw one person started to become distracted and anxious and show that they were upset. A staff member responded quickly to this person by recognising what the cause of their anxiety was and redirecting them. We saw this person calmed almost immediately and happily carried on with what they were doing. The staff member told us, "There are some subtle signs that people show which means they are not happy. We can recognise these and help the person before they become too upset".

People were involved in discussions and decisions about their care and treatment. We saw one person in a discussion about what assistance they wanted and these were recorded for all staff to follow. We saw people making decisions about what to eat and drink and what activities they wished to take part in. We saw staff talking to people and using gestures and signs which people responded too. We saw people were communicated with in ways which were individual to them and which they could understand.

We saw people being treated with respect and dignity at this inspection. At times we saw people needed assistance with their personal care. This was provided by staff in a timely manner and discreetly as to not cause any embarrassment to the person. One relative told us, "Everything is done in private for [relative's name]. I have never had any worries in that department". One staff member told us, "Any care of a personal nature is always done out of sight of others. That is the way I would want it myself". We saw staff encouraging people to take part in their own personal care by gathering their own toiletries and towels and making themselves ready for assistance. One staff member said, "Everyone can do something so we encourage them to do as much as they can and to involve them as much as possible with any personal care. This helps to maintain dignity and promotes their independence by building on the skills they already have".

People were encouraged to maintain relationships with those that mattered to them. Relatives told us they were encouraged to visit at any opportunity they were able. One relative told us, "Recently I have experienced difficulty getting to Laburnum's. They [staff] make sure I still get to see [relative's name] by bringing them over to see me in my home. It means so much to me that we are able to keep in touch".

## Is the service responsive?

### Our findings

People received care that met their individual needs and was responsive to any changes in their personal circumstances. The relatives we spoke with told us they believed the care provided was good and adapted as people's needs changed. One relative said, "[Relative's name] has changed recently in how they move around. They [provider] saw this and we are all working together to see what is going to be the best way forward so they can make sure they are still ok". We saw the registered manager had involved the person in discussions about their changing needs their relatives and had forwarded information to the relevant funding authority for their input.

People told us they were involved in the planning of their care. One person said, "They (staff) always ask me what I want doing and what I like". Relatives told us they were involved in the planning of care and in regular reviews. All the relatives we spoke with told us they were kept up to date with any changes. One relative told us, "We were fully involved in the planning of [person's name] and felt that our thoughts were valued".

The registered manager told us they assessed the care and support needs of people with their input, their family and staff. Regular reviews took place and any changes were recorded and actioned when needed. We saw records of reviews and adapted care and support plans which highlighted people's current needs and preferences.

Relatives told us they felt their relative's personal likes and dislikes were understood and respected by staff supporting them. For example one person told us exactly how they liked their cup of tea and how staff members supported them to get it just right. This person said, "It means so much to me that they know how I like things done". We saw staff supporting this person in the way they desired.

A staff member said, "You get to know those you support so well but you should never make assumptions. Don't assume you know what someone wants as they might change their mind and you should always respond to their wishes".

The registered manager told us, "We encourage people and their families to be involved in as much of their care planning as they are able". We saw care and support plans which were regularly reviewed and were personal to the needs of people.

We saw people taking part in activities in and outside of their home including shopping and lunches out. We saw people involved in daily tasks and routines which involved them in the running of their home which included cleaning and putting things away after they had been used. We saw staff members talking with and assisting people with jobs where they lived. One staff member told us, "We can also use this time to encourage people and assist with these small jobs as it involves them in their home and develops different skills like physical coordination". One person told us about how much they enjoyed going out on the bus and exploring the countryside with the help of a staff member. Another person said, "I am going to [shopping centre] today to do my shopping and to go for a coffee". People told us they took part in activities they enjoyed and found stimulating. One person told us how much they were looking forward to the football game which was being played in the afternoon. A relative said, "[Relative's name] cannot just go straight out

and do things. They need time to build up their confidence and to get used to things slowly". One staff member told us, "We have to be mindful of people and always take things at their own pace". People were involved in activities they enjoyed and found stimulating.

The registered manager and staff encouraged people to raise any concerns about things that mattered to them. One person told us, "If I am worried about anything or don't like something I will always tell [staff member's name] and they will help me". One relative told us, "I did feel the need to raise a concern recently. They [provider] have responded to me and I have confidence they will address the issues I had. I have not yet received feedback as they are still looking into it but I am confident they are doing a thorough job". One locality manager told us they became involved in a fact finding exercise following concerns from a relative. Their work is ongoing and no conclusion had been reached at the time of this inspection. However they told us, "We [provider] want to be open and transparent in what we do and if something went wrong we need to look at what we can do to put it right. Also just something as simple as saying sorry can go a long way in easing people's concerns". The provider had processes in place to respond to concerns raised and to investigate and feedback to those who raised the concern.

## Is the service well-led?

### Our findings

People we spoke with told us they knew who the registered manager was and that they saw them on a regular basis. People also said they saw the locality manager frequently and they found both the registered manager and the locality manager friendly and approachable.

Relatives told us they believed the provider created a culture that was open, caring and transparent. One relative said, "[Relative] is in the right place for them. There are looked after so well and I know they are always put first".

We asked staff about the values they followed when supporting people. One staff member said, "It is all about understanding people and supporting them in a way they want". At this inspection we saw staff respecting people's wishes and seeking their opinions on how they wanted to be supported. Staff told us they understood the values of the provider which was to place the person at the centre of what they did.

We saw people involved in the changes to their home. At this inspection there was a major redecoration of the location underway. One person told us how they were involved in the changes to their home. They said, "I knew what was happening and said what I wanted. I got a new bathroom which is what I have always wanted".

Relatives told us they also felt involved in what happened at the service. Regular questionnaires were sent out asking for opinions on the support provided. All the relatives we spoke with had completed the latest feedback and felt their views and opinions were listened to. One relative told us as part of their feedback they requested more regular updates and not just when things changed. They told us, "We now receive a phone call each week just to let us know what [relative's name] has been doing and that they are just ok which we find reassuring".

Staff attended regular staff meetings and had the opportunity to express their views on the support provided. One staff member said, "We all get together and talk about how things are going. We are listened to and have a real impact on how things are run here". Staff felt their opinions mattered and any suggestions were respected by the management team and when required they had the opportunity to make changes. One staff member told us, "I didn't feel the recording form we had completely represented the needs of [person's name]. I raised this and have now helped to develop a separate recording tool more adapted to their needs". Staff told us they received regular updates from the provider regarding changes to the wider organisation. Staff members said they received updates which were passed down by the registered manager and also regular news letters via the computer.

At the time of this inspection there was a registered manager in place. The registered manager clearly understood the requirements of their registration with the Care Quality Commission. The registered manager told us they felt supported in their role by the provider. They regularly attended management meetings and one-on-one support sessions along with regular updates from the provider. The provider and registered manager had systems in place to monitor the quality of service provision including checks on

care plans, medicines and the home environment. The locality manager told us, "These checks were to ensure standards of care were maintained". The registered manager told us information gathered from these checks helped to identify improvements that were needed. For example, following a recent quality check a number of changes to the physical environment were made including redecoration. At this inspection we saw these actions were in the process of being completed.