

Bolton Council







Laburnum Lodge

Inspection report

Brightmet Fold Lane
Brightmet
Bolton
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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	

Overall summary

Laburnum Lodge is a purpose built two storey intermediate care facility in the Brightmet area of Bolton. There is car parking at the front of the service and public transport stops immediately outside. The service is owned by Bolton Council and is registered with the Care Quality Commission (CQC).

The service can accommodate 32 people with one community bed reserved. Laburnum Lodge provides a step down provision, which enables people to make an easier transition from hospital back to home, as a well as

a step up provision, to help fragile people avoid admission to hospital. The length of stay at the service depends on the individuals needs and on average it will be six weeks or less. There is no charge for this service. On leaving the service an ongoing support or a care package to assist you at home is discussed and planned as required. The service provides residential rehabilitation seven days a week and day time nursing and therapy support Monday to Friday.

Summary of findings

There is a 'sister' intermediate unit in Bolton based at Darley Court in the Halliwell area. Darley Court provides 24 hour nursing support as well as therapy based rehabilitation. People who require intermediate care would be assessed and admitted to the unit most appropriate to meet their needs.

This unannounced inspection of Laburnum Lodge was carried out on 17 November 2015. Since our last inspection in August 2013 of Laburnum Lodge the service has changed the criteria for admission. There are no long stay beds providing care for the elderly.

The service had a registered manager in post who was 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 and associated Regulations about how the service is run.

Care is provided during the day by an onsite team of nurses, physiotherapists, occupational therapists, pharmacists, social workers, carers and specialist support staff. There are no nurses on duty during the night or at weekends. The night shift is covered by a senior carer and care staff.

People spoken with were extremely complimentary about the service they were receiving.

Staff had received safeguarding vulnerable adults training and knew what action to take if they suspected or witnessed abuse or poor practice. The service had a robust recruitment and selection process to protect vulnerable people from staff who were unsuitable.

There were sufficient staff available to support people safely and effectively during their stay at Laburnum Lodge. We saw that staff received the essential training to enable them to do their job efficiently.

We saw that risk assessments were in place for the safety of the building. All areas of the home were clean and well maintained. Procedures were in place to prevent and control the spread of infection.

Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained detailed information to guide staff and other professionals involved in the care and rehabilitation people required. The care records showed that risks to people's health and wellbeing had been identified and plans were in place to eliminate or reduce the risk.

Appropriate arrangements were in place to assess whether people were able to give consent to their care and treatment. Where appropriate family and friends were involved in a person's post care and future goals and plans were discussed.

We observed that a 'board round' meeting took place four days a week with all the teams being involved. This meeting was to discuss any admissions or discharges, people's health and wellbeing and what input from staff was needed for example a home visit to check the environment was ready for a person when discharged from the service.

A healthy, well balanced and varied diet was provided and dietary needs catered for. People spoken with told us the food was good and they enjoyed their meals.

To help ensure that people received safe and effective care and support, systems were in place to monitor and assess the quality of the service provided. Regular checks were undertaken on all aspects of monitoring the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People who used the service were encouraged to self-administer their own medication in preparation for their discharge home. Locked medicine cabinets were available in bedrooms.

Suitable arrangements were in place to help safeguard people from abuse. Sufficient, Suitably trained staff, who had been safely recruited, were available at all times.

Risk assessments were in place for the safety of the premises. The service was clean, secure and well maintained.

Good



Is the service effective?

The service was effective.

Staff received sufficient training to allow them to do their jobs effectively and safely. Systems were in place to ensure staff received regular supervision and support.

Appropriate arrangements were in place to assess whether people were able to give consent to their care and treatment. The provider was meeting the requirements of the Mental Capacity Act.

People were provided with a choice of suitable and nutritious food and drink to ensure their health needs were met.

Good



Is the service caring?

The service was caring

People who used the service spoke positively about the care and support provided by all the staff.

The staff encouraged and supported people in a caring and sensitive manner to help them achieve their goals and maintain their independence.

Staff had a good understanding of the care and support needs of people who used the service.

Good



Is the service responsive?

The service was responsive

The care records contained information to guide staff on the care to be provided.

Each person's care package was discussed and any changes to the planned care was recorded.

In the event of the a person being transferred back to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care.

The provider had systems in place for receiving, handling and responding appropriately to complaints.

Good



Is the service well-led?

The service was well led

Good



Summary of findings

Systems were in place to assess and monitor the quality of the service provided and arrangements were in place to seek feedback from people who used the service.

Staff spoke positively about working at the home. They told us they felt supported by the registered manager.

Laburnum Lodge

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 checked 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 17 November 2015 and was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This is the first inspection of this intermediate tier service. The service commenced in August 2014. The service is owned by Bolton Council and no concerns had been raised about the running of the service by any other agencies.

During the inspection we spoke with 10 people who used the service, nine visitors, the registered manager, the care staff, nurses on duty, the pharmacists, therapists and a social worker. We did this to gain their views about the service provided. We looked around the home, looked at how the staff cared for and interacted with the people using the service. We spent time with the pharmacists and looked at the medication systems.

We saw evidence of the staff recruitment procedures and spoke with the council's human resources department about recruitment and the checks they carried out prior to a person commencing work at the home.

We were provided with the staff training matrix and selection of staff training files and staff supervisions.

Is the service safe?

Our findings

People we spoke with told us that Laburnum Lodge provided a safe environment to help them continue with their recovery following their discharge from hospital. We were told, “Everyone has been very kind. I feel very safe”. “I feel very safe, the staff are very good”. “I feel safe here; the staff keep an eye on me. One relative spoken with told us, “It’s a secure environment; [my relative] is really safe here”.

The recruitment system was robust to protect people from being cared for by unsuitable staff. Application forms were completed electronically and written references submitted. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable adults and informs the service provider of any criminal convictions against the applicant. We saw evidence of the staff recruitment procedures and spoke with the council’s human resources department about recruitment and the checks they carried out prior to a person commencing work at the home.

Records showed that risk assessments were in place for all areas of the general environment and policies and procedures were in place in relation to ensuring the service’s compliance with health and safety regulations.

We looked to see what systems were in place in the event of emergency. We saw procedures were in place for dealing with any emergencies that could arise, such as utility failures, failure of IT systems and significant reduced staff availability making the service unable to care for people safely. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all people staying at the service. This meant in the event of fire people knew what level of assistance was required to assist people to a safe holding point. Inspection of records showed that a fire risk assessment and regular in-house checks were carried out to check all fire alarms, emergency lighting and other equipment was in safe working order

We looked around the service and found the bedrooms, bathrooms and toilets, dining rooms and lounges were clean and there were no unpleasant odours. One person told us, “They definitely keep it clean. I have no complaints at all”. A relative told us, “When I came in my first impression was that it is amazing. It felt very bright and clean”. “My [relative’s] room is delightful”.

We saw infection prevention and control procedures were in place, regular audits and checks were undertaken and infection prevention and control training was an essential part of the staff training programme. The service had a laundry area, however families were responsible for doing their relatives’ laundry at home and a laundry basket was available in each person’s bedroom. The service had an infection control lead who was responsible for the infection prevention and control management. We saw that staff had access to protective clothing and disposable gloves when carrying out a personal care duties.

We saw that suitable arrangements were in place to help safeguard people from abuse. The staff training matrix showed us that staff had received training in the protection of vulnerable adults. Policies and procedures for safeguarding people from harm were in place and were accessible to all staff. These provided staff with guidance on identifying and responding to the signs and allegations of abuse. Staff spoken with were able to tell us what action they would take if abuse was witnessed or suspected.

All staff had access to the whistle-blowing procedure (the reporting of unsafe or poor practice). Staff spoken with were familiar with the policy and knew who to contact outside the service if they thought their concerns would not be listened to and taken seriously.

On the day of the inspection sufficient numbers of staff were on duty to meet the needs of people using the service.

The care records we looked at showed us the reasons for admission, risk to health and wellbeing, and how staff were to support and encourage people with therapies and treatment safely.

We looked to see how medication was managed. People were required to bring with them their current medication. People who used the service were encouraged to self-administer their own medication in preparation for their discharge home. Locked medicine cabinets were available in bedrooms. Support was available from suitably trained staff to help ensure that people had taken their medication in a safe and timely manner. On the day of our visit there were two pharmacists at the home checking and auditing medicines. If required further medication would be ordered by staff to ensure that people had the medicines they were prescribed.

Is the service effective?

Our findings

People spoken with told us they felt the staff had the right attitude, skills and experience to meet the needs of their relative. Comments included: “The staff are very friendly”. “The reception staff were very helpful”. “The staff work really hard”

Staff we spoke with were fully aware of their roles and responsibilities. Most of the care staff had worked for Bolton Council for a numbers of years and had transferred over to Laburnum Lodge with the registered manager when the home they were working at closed. Any new staff commencing work at the home completed a detailed induction and also attended Bolton Council induction training.

There was a staff training matrix in place which showed us what training staff had completed and dates for further training had been booked. Training included: dementia care, first aid, safeguarding vulnerable adults, food hygiene, catheter care, medication, Mental Capacity Act 2005 and fire safety.

Records we looked at showed systems were in place to ensure that care staff received regular supervision and appraisals. Supervision meetings helped staff to discuss their progress at work and also to discuss any learning and development needs they may have. The registered manager had the overall responsibility of Laburnum Lodge but was not responsible for the supervision and development of the nursing staff. This was carried out by senior staff from Darley Court.

We asked the registered manager to tell us what arrangements were in place to enable people who used the service to give their consent to care and treatment. We were told that any care, treatment and support was arranged during/after an episode of ill health. Staff discussed with the person requiring care and where appropriate their family or carer to explain the nature of this type of service, what they needed to bring with them on admission including clothes, current medication, mobility aids and toiletries. People told us that all the staff consulted with them and explained any treatment and therapies that they needed to help and support them to return home and what, if any home services they may require.

We checked whether the service was working with the principles of the Mental Capacity Act (2005) (MCA). 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 interest and legal authorised under the MCA. At the time of our visit people using the service had capacity in making their own choices and decisions. The registered manager demonstrated they had a good understanding of the importance of determining if a person had capacity to give consent to care, support and treatment.

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. People were made aware prior to using the service that if they had any dietary requirements to inform the unit staff on arrival. The service operated a protected meals policy, this asked visitors to avoid visiting their relatives during meal times to avoid any disruption to others. People were asked if they wished to bring food into the service for any reason to check with the care supervisor. This was to ensure that any fresh foods could be stored appropriately. People using the service and visitors were able to make drinks in the kitchens situated on each floor. People were asked not to make drinks for other people at the home as some may be on special diets.

We observed the lunch time meal. We saw that that people were offered a choice of hot meals and a dessert. We noted that interactions between people and the staff were very good, friendly and relaxed. We asked people about the meals and the choices available to them. Comments included: “The food is excellent. You get a choice and you choose the day before”. “If the food matched the accommodation all would be well”. “The food is smashing, top marks”. “I find the meals are too close together breakfast is at 09.00, lunch at 12.30 and tea at 16.30”. Relatives told us, “What I have seen of the menus they have a good choice”. “[My relative] looks a lot better than when they came in. We can see a big difference “.

Is the service effective?

We saw that any concerns regarding food and fluid intake for people were recorded and people were closely monitored. When people were due to be discharged back home if there were still concerns and with people's agreement a referral to the dietician or GP would be made.

During our lunchtime observation we saw that transport had arrived to take a person home, this caused some people to have to wait some time for their dessert or to help support people out of the dining room as staff needed to attend to this person. We also observed that a member of staff took their lunch break. We discussed this with the registered manager at feedback. Following the inspection we have been informed that any discharges from the service will now be planned for 11.00 and that staff breaks have been reviewed.

We asked about medical cover during people's stay at the service. People's medical needs were monitored by the Intermediate Care Doctors or local GP cover?. People's own GP was made aware on the admission and discharge from the service. If people needed to go to hospital, including hospital appointments or Accident and Emergency, transport could be arranged from the unit at no extra cost. Staff would not normally accompany people to these appointments. This should be arranged with relatives or friends. If this was not possible the staff would look at possible alternatives.

Is the service caring?

Our findings

People who used the service and the family members were complimentary about the care provided. Comments were made about the staff's attentiveness, care and the fact they worked very hard. A comment was made by a family member on how clean and well cared for their relative looked and how much progress they had made since coming to Laburnum Lodge. People we spoke with told us, "The staff are absolutely brilliant". "Oh my word they are caring. They couldn't be any better. I think they are wonderful". "The carers would do anything for you, they deserve a medal". Relatives told us, "[My relative] looks so much better since coming here; they look clean, tidy and well fed". "The carers and nurses are fantastic".

We looked at the care records of three people. People were assessed and admitted to the most appropriate unit to support their individual needs. We saw that the records had been agreed and signed by people using the service. There was a current skills plan in each person's room to guide staff on what support was required. This included: Transferring from bed to chair, mobility, eating and drinking, risk of falls and personal care. Staff had a good understanding of people's needs and told us that they ensured that people were supported to maintain their

independence as much as possible. We found that the care and support provided by staff respected their privacy and dignity. We observed staff knocked on bedrooms and bathroom doors and waited for a response before they entered the room.

The service did not provide end of life care. This short stay intermediate care facility provided rehabilitation with aims and goals of people returning to their own home with a support package of care if required. If a person's health deteriorated during their stay medical advice and support would be sought immediately and the person could be transferred to Darley Court or to hospital.

We saw that the service provided information leaflets for people using the service. The leaflet explained the nature of the service, what the units provided and how the service was tailored to meet their specific needs. It also recommended what people needed to bring with them for example, day and night clothing, toiletries, continence aids, mobility aids and their current medication.

We saw that feedback was encouraged. On the reverse side of the information leaflet was a section for people to complete regarding any aspects of the service and the care they had received during their stay.

Is the service responsive?

Our findings

During our inspection we spoke with people using the service. People made positive comments about the additional services they were offered. These included working with the occupational and physiotherapist. The service had the necessary equipment in place to help with rehabilitation as required. One person told us, “I’ve got stairs at home so I have physio here, they get me going up and down the stairs”. “I have physio here, I need to get using my legs”. Relatives spoken with told us, “The physios are very good; they will make sure [my relative] is walking better before they can go home”. “We are not sure when [my relative] can go home. The worry is that this will be before they are ready. The communication between us is not great”.

We looked at the care records of three people. We saw when people arrived at the service an admission checklist was completed. People were given a tour of the building and were introduced to the staff on duty. People were shown the fire exits and how to use lifts. People’s likes, dislikes, preferences and routines were incorporated into the care records. There were no set times of rising and retiring and people had the choice of where and how they spent their day. The care records contained risk assessments including therapy assessments, risk of falls, pressure care and prevention and moving and handling. We saw that entries on recording sheets had been completed and that care records had been updated to reflect any changes.

We saw that people’s bedrooms were clean but basic. Each room had a hand wash basin, bed, chair and television. People could bring with them on admission photographs and small personal items if they wished but this was seen to be limited due to the nature of the service and the duration of their stay.

We asked people how they spent their day. One person said, “There’s no activities, as far as I know. You can go to the lounge but I don’t like it in there”. A member of staff told

said, “There is no set programme of activities, it’s just whenever, at present. We discussed this with the registered manager who agreed this was an area that required attention.

We asked the registered manager about the procedures that were in place when a person was due to be discharged from the service back home. There was a discharge planning checklist in place and joint working was imperative to ensure the transition back home went as smoothly as possible. Regular multi-disciplinary meetings took place throughout the person’s stay and an agreed discharge date arranged. The discharge plan included what the team would do what to make sure that any extra services required had been actioned, for example: The person using the service and their family/carer were fully aware of the date of discharge, suitable access to the home and any equipment required had been assessed and was in place. Adequate heating and shopping had been arranged, staff to make sure that take home medicines were available and that the person’s own GP was informed that the person had returned home. Any other support required for example domiciliary visits would be agreed and in place, this facility would be agreed prior to discharge with the person/family as this may be chargeable to the individual.

We saw that the service had systems in place for people to raise any concerns or complaints. There was a ‘Tell us what you think’ leaflet displayed in the reception area. We looked at the complaints file; no complaints had been made regarding the service. People spoken with knew what to do if they needed to complain about anything. There was a prompt in every room of how to raise a complaint and how this would be addressed. People spoken with said they had no reasons to complain. One person said, “Everything is fine, I would speak to someone in charge if I had a complaint”.

We saw a number of compliment cards displayed around the home comments included: ‘Thanks for the excellent care and attention during [my relative’s] stays’. ‘A big thanks you to all the staff at Laburnum Lodge’ ‘You have all been so kind, thanks’.

Is the service well-led?

Our findings

There was a registered manager at the home. 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 the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with told us the service was well-led. One person told us they know who was in charge and that they would definitely recommend this service to others as a 'stop gap'. Relatives spoken with told us, "We think it's great". "I am very happy with the way it's run, it's much better than the last place [my relative] was at". Staff had confidence in the registered manager and told us, "I have worked with Mandy for a number of years. She is firm but fair." "This is a hard service to manage but I think it's very well run". One member of staff described the manager as a lovely person, she is always approachable. Some members of staff thought that staffing levels could be better; they told us it was sometimes difficult to manage especially if someone rang in sick or were on holiday. We discussed this with the registered manager who was in the process of recruiting care staff to alleviate staff concerns.

We asked the registered manager to tell us how they monitored and reviewed the service to ensure that people received safe and effective care during their stay. We were told that regular checks were undertaken on all aspects of running the service. We saw evidence of some of the checks and some audits were displayed on the notice board on

the main corridor. We saw checks on medication, falls, care records; infection control and risk assessment audits had been completed. We saw that where improvements were needed action was identified, along with a timescale given. The service also had a Business Impact Analysis 2015 in place.

We looked at maintenance certificates for the gas and electric, the lift, small electrical appliances and fire equipment. These were up to date and valid. We saw that equipment was serviced in accordance with the manufactures instructions to ensure the equipment was safe and fit for purpose.

The service requested feedback from people following their stay. A satisfaction questionnaire was sent out when people were discharged home. Results of the surveys were positive, information was collated and displayed.

Staff told us that we that they attended staff meetings every couple of months, but if they had any concerns or issues they could discuss it with the manager at any time. We saw that all meetings were recorded and action taken if required.

We checked our records prior to the inspection; since the service opened in August 2014 we have not received any notifiable incidents. The registered manager was fully aware of what needed to be reported to the Care Quality Commission in the event of any accidents or incidents of concern. This meant we would be able to see if appropriate action had been taken by the service to ensure people were kept safe during their stay.