

Belz Care Limited

Laburnum Court Care Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Laburnum Court Care Centre is situated in a residential area of Salford. The home provides nursing care as well as care for people living with dementia. The home provides single occupancy rooms, across two units, which are known internally as 'The Lowry' and 'The Priory'. The home is registered to support up to 68 people. At the time of inspection 49 people were living at the home.

People's experience of using this service and what we found

Improvements were required with medicines management and the audit and governance process, including contemporaneous record keeping such as personal care, repositioning and food and fluid charts.

We have issued a recommendation in relation to staff training completion.

People told us they felt safe living at Laburnum Court Care Centre. Relatives also reported no concerns with the safety of care provision in the home, nor the staff who provided this. Staff received training in safeguarding and knew how to report concerns. Safeguarding alerts had been made to the local authority as necessary. Accidents, incidents and falls had been documented, with analysis completed to identify causes and try and prevent a reoccurrence. We found the home to be clean, with effective cleaning and infection control processes in place.

Staff received supervision and support to help them carry out their roles. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's healthcare needs were being met. Referrals had been made in a timely manner to professionals when any issues had been noted or concerns raised. Overall, people were happy with the food provided and told us they got enough to eat and drink.

People and relatives were happy with the care provided and spoke positively about the staff. Staff were described as "friendly", "polite", "wonderful" and "very good". People confirmed they were given choice and their dignity was respected. People with protected characteristics were supported in line with their needs and wishes.

Care files explained people's needs and how they wanted to be supported, although the transfer to an electronic care planning system had resulted in some inconsistencies in the quality of information. People's social and recreational needs were met through an activities programme, facilitated by an activity co-ordinator and staff members. The complaints process was displayed around the home and people and relatives told us they knew how to complain and would happily speak to staff or the registered manager if needed.

People and relatives told us the home was well run and spoke positively about the registered manager and

staff. Some people and relatives said they had picked the home based on positive recommendations from others and would be happy to recommend the home themselves. People's views were sought through meetings and surveys.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 1 September 2021 and this is the first inspection under the current provider. The last rating for the service under the previous provider was good, published May 2019.

Why we inspected

This inspection was prompted by a review of the information we held about this service and to provide a rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well-led sections of the full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laburnum Court Care Centre on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to medicines management, staff training and governance processes, including record keeping at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Laburnum Court Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a medicines 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.

Service and service type

Laburnum Court Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Laburnum Court Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there

was a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection due to the COVID -19 pandemic to ensure we had prior information to promote safety and to ensure the registered manager and/or a representative from the provider would be present to support the inspection. Inspection activity started on 24 October 2022 and ended on 7 November 2022, by which time we had received and reviewed evidence provided after our visits to the home. We visited Laburnum Court Care Centre on 25 and 26 October 2022.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people, 2 relatives and 1 other visitor, about the home and the care provided. We also spoke with 12 members of staff, which included the registered manager and a mixture of nursing, care and ancillary staff.

We reviewed a range of records and other documentation. This included 8 people's care records, risk assessments, safety records, supplementary charts, audit and governance information. We also looked at medicines and associated records for 10 people.

After the inspection

We requested and reviewed additional evidence from the provider. This included staff training and supervision information and dependency data.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines were not always managed safely. People did not always have their medicines administered as prescribed. One person had missed 2 doses of a weekly medicine with no documented reason why this was.
- For people prescribed medicine patches, there was not always a record of where this was applied on the body. This meant we could not be assured the application of the patch had been rotated in line with manufacturer's instructions.
- Information about how to administer medicines prescribed to be taken as required; such as paracetamol, was not always available and when it was, was not always person centred.
- Thickening powder; used in people's drinks when they are at risk of choking, was stored securely. However, record keeping was not consistent. Staff did not always record they had used thickener when making people's drinks or what they recorded was not always accurate.
- Information relating to covert medicines; which are medicines administered without the person's knowledge, required strengthening. We found information on the electronic medicine system was contradictory, and guidance on how to administer medicines safely in this way was not always clear.

Systems, processes and record keeping relating to the management of medicines were not robust. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Care documentation contained a range of generic and individual risk assessments, which provided staff with information about how to meet people's needs and keep them safe.
- Accidents, incidents and falls had been logged on the provider's electronic system. A falls register was used to document falls and look for patterns and trends. A new lessons learned process had been introduced, to help prevent a reoccurrence.
- Risk assessments of the environment and equipment used within the home had been completed, to ensure these were fit for purpose and used correctly. Ongoing safety checks had also been completed in line with legislation, with certification in place to confirm compliance. An up to date fire risk assessment was in place and each person had a personal evacuation plan, in case of emergencies.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the home provide a safe environment which met their needs. A relative told us, "[Relative] is so much safer here than at home. They had many falls at home but had none since living here." A person stated, "I feel very safe. The staff know me and I know them."

- Staff knew how to identify and report concerns and confirmed safeguarding training was provided and refreshed, to ensure knowledge remained up to date.
- Safeguarding concerns had been reported in line with local authority guidance, with records kept documenting what had happened and action taken.

Staffing and recruitment

- Staffing levels were allocated in line with the provider's dependency tool. This is a system which determines how many staff are needed to meet people's assessed needs. Staff rotas were compiled based on this information.
- People, relatives and staff felt enough staff were deployed to meet needs and keep people safe. One person told us, "I don't press my buzzer often but when I do, they always come quickly and help me." A staff member stated, "Yes, there are enough staff. We work well as a team."
- Safe recruitment processes had been followed when new staff commenced employment. This included seeking references from former employers and completing checks with the Disclosure and Barring Service to ensure applicants were of suitable character to work with vulnerable people.

Preventing and controlling infection

- The home was clean with effective cleaning and infection control processes in place. We observed staff wearing and disposing of PPE appropriately.
- Additional measures had been implemented throughout the COVID-19 pandemic, to ensure guidance was followed and people kept safe. Appropriate policies, procedures and cleaning schedules were in place.
- Staff confirmed they had received the necessary training, guidance and support to keep people and themselves safe and follow procedures.

Visiting in care homes

- Government guidance around visiting had been followed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training had not been completed consistently. As a result, we could not confirm staff had the necessary skills to complete their roles safely and effectively.
- Staff training was documented on a matrix. This showed at least 12 staff; not including new starters, had not completed all required training or refresher sessions. Nine of these staff had completed less than 40% of their required training.
- The provider was aware of the gaps in training completion and had put an action plan in place. However, this stated all required training would be completed by the end of August 2022, which had not occurred.

We recommend the provider reviews systems and processes to ensure all staff training is completed in a timely manner.

- Staff had received supervision, though the number of meetings staff had completed varied. The provider had recently amended their supervision policy to make it clearer how many meetings each staff member should have per year. Staff told us they felt supported and were happy with the training provided, although felt more training in dementia would be useful. The registered manager confirmed this was in the process of being arranged and equipment to help run the session had been ordered.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they received enough to eat and drink and were offered choices. One person told us, "The food is good home cooked food, we get a choice and if there is anything I don't like, they get me something else. I get plenty of hot and cold drinks."
- Menu boards were in place outside each dining room, with photographs of foods used to ensure menus were accessible to all. There were no menus within the dining room or on tables, although this had been identified through audits of the dining experience and was being addressed.
- Food and fluid charts were being kept, however, food charts lacked detail about what people had actually eaten and fluid intake was not being recorded accurately. This is covered in further detail in the well-led key question.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Weight monitoring was being completed and people's risk of malnutrition was being assessed using the Malnutrition Universal Scoring Tool. Where necessary, people had been referred to necessary professionals,

such as a dietician.

- People received support to stay well and access medical services and professionals as required. People had access to a variety of medical and health related services, such as general practitioners, speech and language therapists, tissue viability nurses and dieticians.
- Staff told us how they ensured people's oral care needs were met and care plans contained information about the support people needed and the equipment which was required. However, daily records to confirm oral care had been provided were inconsistent.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA and the DoLS process had been managed effectively. DoLS applications had been submitted timely, with systems used to monitor applications, outcomes and ensure reapplications were made in line with guidance.
- Where people lacked capacity to consent to care and treatment, decisions had been made in their best interest.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments had been completed before people moved into the home, to help ensure the home was suitable and could meet people's needs.
- People's likes, dislikes and how they wanted to be supported had been captured as part of this process. This enabled staff to provide care in line with people's wishes.

Adapting service, design, decoration to meet people's needs

- Consideration had been given to ensuring the environment was suitable for the people living at the home.
 - Pictorial signage was in use to help people identify toilets, bathrooms and other communal areas.
- People's rooms were clean and had been personalised with family photographs and pictures.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about their care and support and the staff who provided this. One person stated, "I like the staff, they are kind to me and know me well. They made it easy to settle in and I adjusted quickly as I was made to feel welcome. I am happy here." Another person said, "The night staff are very good, they chat to me which I like. There's nothing better than chatting."
- Relatives were also complimentary about the care provided. One told us, "The staff are really good to my loved one and I have a good rapport with them all. They make the place a happy place to live, everyone is so kind."
- There was a positive culture at the home and people were provided with care that was sensitive to their needs and non-discriminatory. People's preferences were clearly documented on their care plan.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect by staff who knew them well. One person told us, "The staff are very good, they are polite and always knock on my door before they come into my room."
- Staff told us how they ensured people's dignity was respected. One staff said, "I ensure curtains are closed, doors are closed, they [people] are covered up and I tell them what I am doing." Another stated, "It's important to ask people is it okay to provide personal care and then talk through what you are doing."
- Staff were mindful of the importance of ensuring people's independence was promoted as much as possible. One staff told us, "We encourage them [people] to try and do something themselves, before we will step in and help out. This could be brushing their hair or teeth, washing themselves, whatever they can manage."

Supporting people to express their views and be involved in making decisions about their care

- People told us they were offered choices and able to make decisions about their care, such as when to get up, what to wear and how they spent their time. One person told us, "Its better here than the last place I was at. I get to choose what I do, when I get up. The staff here always have time for you."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The home was in the process of transferring to an electronic care planning system. This process had resulted in some inconsistencies in care documentation and for some people, information being split between electronic and paper based systems.
- The registered manager had identified further work was needed, to ensure electronic care plans provided an accurate and person centred explanation of people's needs and wishes. Plans were in place to complete this work.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported and encouraged by care staff and the activities coordinator to undertake activities and maintain social relationships to promote their wellbeing.
- People told us they were happy with activity provision within the home. Comments included, "I do enjoy the activities, especially the films. I have the hairdresser and my nails painted at the same time" and "I enjoy the activities. I'm looking forward to the next party."
- The home had an activity schedule in place which was overseen by a full-time activity coordinator. The provider was in the process of recruiting additional activity staff to help increase what was currently provided.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We noted examples of information being provided in alternative formats to aid accessibility. For example, the complaints process was on display and had been written in an easy read format, consisting of simple text and images. The registered manager told us information could be provided in a range of formats, depending on people's needs.
- People had communication care plans which explained any sensory issues they had, aids or equipment being used and how staff should communicate with them.

Improving care quality in response to complaints or concerns

- The provider had an up to date complaints policy and procedure in place. People and relatives told us they would speak to a staff member of the registered manager if they had any concerns, though none had needed to.
- The registered manager told us no complaints had been submitted internally, as such we found the complaints file to be empty.
- However, they agreed it would be best practice to capture within the complaints file, issues which had been reported to external sources; such as CQC, for which the provider had been asked for feedback. This would ensure a better audit trail was maintained of actions taken and outcomes.

End of life care and support

- At the time of inspection no-one was receiving end of life care.
- Although some staff had completed end of life accredited training, this was several years ago. The registered manager told us they were currently looking into training options for all staff.
- We looked at documentation for the last person to have received end of life care. This person had an advanced care plan and a statement of intent in place, which was kept up to date. However, we found care records were split between electronic and paper based systems, which made it difficult to determine how care had been delivered. The registered manager agreed it would be better to just use electronic records moving forwards.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The systems in place to monitor the quality and safety of the care being provided had not identified the issues with medicines management and contemporaneous record keeping we identified, nor the contradictory information we noted in people's in care plans. Although gaps in training completion had been identified and an action plan created, the agreed deadline for assuring compliance had not been met and no further action had been taken.
- Care plan audits were scheduled to be completed monthly, with 20% of all care plans to be reviewed each time. However, since May 2022 only 10 audits had been completed in total and all for the same 4 people. This had not been identified by the registered manager or provider.
- In September 2022, the provider's lessons learned process had identified issues with the quality of food and fluid records. Nursing staff had been tasked with checking daily intake records. During the inspection, we found food charts still lacked sufficient detail of what people had eaten and fluid charts did not accurately reflect people's intake. Fluid charts indicated people were not consistently offered their daily recommended intake. In some instances, people were recorded to have drank more than they had been offered. For example, their fluid chart stated 200mls fluid offered, 1000mls consumed.

Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

- The provider and registered manager were proactive in reporting accidents, incidents and concerns to the appropriate professionals in a timely manner and had submitted statutory notifications to CQC as necessary

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Resident, relative and staff meetings had been held, to share information and gather views about the home and care provided.
- The registered manager had implemented a new 'welfare call' process, which involved a regular telephone call with relatives to tell them what people had been doing recently. Relatives told us this was a welcome addition and how it was nice to receive a 'positive' phone call, rather than being contacted to notify them about an accident or incident.

- People and relatives views had been captured via a rolling survey process. However, at present there was no clear system in place for sharing what actions would or had been taken to address any concerns or requests made through the survey process. The home had a 'You said.. We did..' board in reception. However, the information on this was out of date.
- Staff told us they enjoyed working at the home and felt supported. Comments included, "[Registered manager] is one of the best we have had. She is approachable and available" and "It's a nice place to work. I feel supported and listened too."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of the duty of candour. The home and registered manager were reported to be open and honest, and people and their relatives had no concerns around communication, or action taken when any concerns had been raised.

Working in partnership with others

- We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home, although involvement with local schools and community groups had been affected by the COVID-19 pandemic.
- The home was working with the local authority and medical professionals to ensure people received appropriate care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Systems, processes and record keeping relating to the management of medicines were not robust.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems and processes to monitor the quality and safety of the service and ensure record keeping was accurate and contemporaneous, were not robust or completed consistently.