

365 Care Homes Limited

Laburnum Lodge

Inspection report

2 Victoria Street
Littleport
Ely
Cambridgeshire
CB6 1LX

Tel: 01353860490

Date of inspection visit:
03 May 2018

Date of publication:
30 July 2018

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?

Requires Improvement ●

Summary of findings

Overall summary

Laburnum Lodge is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Laburnum Lodge is registered to provide personal care and accommodation for up to 22 people. At the time of the inspection there 21 people living in the home.

This unannounced inspection was carried out on the 3 May 2018.

At the time of the inspection there was not a registered manager in place. However, the manager was submitting an application to become registered. 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 are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

There was a quality assurance process in place which included obtaining the views of people that lived in the home, their relatives and the staff. However the system had not always been effective in identifying areas for improvement.

Medicines were in the main managed safely. Staff received training and competency checks before administering medicines unsupervised. Medicines were stored securely. The records were not always an accurate reflection of medicines people had received.

Staff were aware of how to keep people safe from harm and what procedures they should follow to report any harm. Action had been taken to minimise the risks to people. Risk assessments identified risks and mainly provided staff with the information they needed to reduce risks were possible.

Staff were only employed after they had completed a thorough recruitment procedure. There were enough staff on shift to ensure that people had their needs met in a timely manner. Staff received the training they required to meet people's needs and were supported in their roles.

Staff were motivated to provide care that was kind and compassionate. They knew people well and were aware of their history, preferences, likes and dislikes. People's privacy and dignity were respected.

People were supported to maintain good health as staff had the knowledge and skills to support them. There was prompt access to external healthcare professionals when needed.

People were provided with a choice of food and drink that they enjoyed. When needed staff supported people to eat and drink.

There was a varied programme of activities including activities held in the service, trips out and entertainers that came into the home.

Care plans gave staff the information they required to meet people's basic care and support needs. Some areas of the care plans would benefit from more detailed information. People received support in the way that they preferred and met their individual needs.

There was a complaints procedure in place. People and their relatives felt confident to raise any concerns either with the staff or manager. Complaints had been dealt with appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Staff were aware of the procedures to follow if they suspected someone may have been harmed.

Medicines were mainly managed safely.

Staff were only employed after a thorough recruitment procedure had been completed.

Staffing levels were sufficient to meet people's needs.

Is the service effective?

Good ●

The service was effective.

People received support from staff who had the skills and knowledge to meet their needs.

People had access to a range of healthcare services to support them with maintaining their health and wellbeing.

Is the service caring?

Good ●

The service was caring

People told us they liked the staff and thought they were caring.

People were treated with respect and staff were aware of people's likes and dislikes.

People's rights to privacy and dignity were valued.

Is the service responsive?

Good ●

The service was responsive

Care plans provided guidance for staff on how to meet people's needs.

People were aware of how to make a complaint or raise any

concerns.

Is the service well-led?

The service was not consistently well led

There was a quality assurance process in place however it had not always identified areas that required improvement.

The home had clear person-centred visions and values.

People were encouraged to provide their views through surveys and regular meetings.

Requires Improvement 

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 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 3 May 2018 and was unannounced. The inspection was carried out by one 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.

Before our inspection we reviewed the information we held about the service. We reviewed notifications the registered provider had sent us. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with eight people who lived at the service, five relatives, the provider, the manager, the deputy manager, 3 care assistants and the chef. We looked at the care records for three people and records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how people were cared for in the communal areas.

Is the service safe?

Our findings

Risks to people had been assessed and in the main where possible reduced. We found the risk assessments to be detailed and that they normally contained the information the staff required so that they were aware of what action they should take. For example, the guidance for one person who was at risk of malnutrition was for them to have a homemade fortified milkshake each day to boost their calorie intake.

Environmental checks had been undertaken regularly to help ensure the premises were safe. These included water, building maintenance and equipment checks. The fire alarms and emergency lighting had been checked regularly to ensure they were working. Each person had a Personal Emergency Evacuation Plan (PEEP) in place to provide information to staff and the emergency services in the event of an evacuation. However the PEEPS were stored in an office which at times was locked. The manager took action immediately after the inspection to ensure that the PEEPS were available at all times. Staff confirmed that they had been involved in fire drills.

People told us they felt safe living at Laburnum Lodge. One person told us, "I can't speak highly enough of them [staff], there's always someone about so I feel very secure." The relative of another person told us, "We can sleep at night knowing that [family member] is safe."

Staff had received training on protecting people from harm and were able to tell us the procedure they would follow if they suspected anyone had suffered any harm, including the outside agencies they would contact if they had any concerns.

Records confirmed that people living in the care home were receiving their medicines as prescribed. Administration of medicines was recorded on medicines administration record (MAR) charts which were provided by the pharmacy. If people refused their medicines we could see from records that appropriate action had taken place by speaking to the GP. One relative told us that their family member sometimes refused their medication. They stated, "The staff are very patient with her and respect her fears, coming back if needs be."

All medicines were available and suitable for use. Medicines were stored safe and secured and at appropriate temperature to ensure efficacy in two trolleys, which when not in use were stored safely in medicines storage room, where the temperature was monitored. The refrigerator was also monitored and kept within the recommended range for storing medicines. Medicine incidents were being reported and audits were taking place to identify any issues so that appropriate action could be taken.

People had a photograph to identify them as part of their medicines record. Allergies were documented. Staff had received training in the administration of medication and had been assessed as competent before administering medication to people on their own.

We found that there was enough staff to keep people safe. Staff told us they had adequate time to assist people with activities such as personal care, administration of medication and assistance with eating and

drinking. They also told us that they also had the time to interact with people throughout the day and not just when there were set activities scheduled or during assistance with personal care. The manager stated that the staffing levels were based on a tool which considered the level of support each person required. The layout of the building was also taken into consideration when determining how many staff should be on shift and how they should be deployed. During the inspection we saw that when people requested assistance this was provided in a timely manner.

There were effective recruitment practices in place. Prospective new staff had to complete an application form and attend a face to face interview. Staff confirmed that they were only employed after they completed pre-employment checks including references and checks for criminal convictions with the Disclosure and Barring Service. The records confirmed that the recruitment procedure had been followed to ensure that the right people were employed.

There was a prevention and control of infection policy and statement in place. Infection control audits were carried out. Staff had completed training in prevention and control of infections. Staff confirmed that personal protective equipment such as gloves and aprons was readily available and used when assisting people with personal care.

There was an accident and incident procedure which was being followed by staff. Staff completed records about the accident/incident and the registered manager conducted an investigation to see if any action needed to be taken to prevent a reoccurrence. There had not been any serious accidents. However, the manager stated that if there were any accidents they would conduct a detailed analysis so that any patterns could be identified or lessons to be learnt to avoid a similar accident or incident occurring.

Is the service effective?

Our findings

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 legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The provider submitted further information after the visit to the home to show that people were supported to make decisions that affected them and that they were working within the guidelines of the MCA.

People's needs had been assessed in detail before moving into the home. This helped to ensure that the home was suitable for them and provided staff with the information they needed to write people's initial care plan. People's physical, mental health and social needs were all assessed. Staff training was planned to ensure that they had the skills required to meet people's individual needs. For example, staff had completed training about understanding dementia. Staff also requested information about people's life history so that they could plan people's care in a person centred way.

Staff told us that they felt supported in their roles. Staff confirmed they received regular one to one session with a line manager. One staff member told us, "I feel supported by [name of manager], you can ask her anything." Staff received regular supervisions and appraisals when applicable. New staff had completed an induction and training including safeguarding vulnerable people, fire safety, first aid, infection control and administration of medication. New staff also completed shadow shifts where they worked alongside an experienced member of staff.

We observed lunchtime and saw that people received the help and support they needed with eating and drinking. Staff were aware of the level of support people needed and this meant that people could still assist themselves to eat as much as possible. Staff assisted people at a relaxed rate that suited the individual. People could choose where they wanted to eat their meals. Some chose to eat at a large communal table in the dining area, others had their meals in the lounge or their bedroom. Previously chosen meals were provided and care staff explained what it was when they served the food. We saw that when one person left the table and returned later on they were given a freshly cooked meal to ensure it was hot. We saw that drinks and snacks were offered throughout the day. People told us they enjoyed their meals. One person said, "The food is lovely, I love the chicken korma we're having today." The relative of one person told us, "One day she fancied bacon and egg, they didn't have any bacon so someone nipped to the shop and bought some specially for her." We saw there was fresh fruit available. One person told us, "There's often grapes too but they go fast...we help ourselves."

The manager and staff had formed links with other professionals such so that if people moved between

services it was carried out in a timely, planned and consistent way. This meant that people continued to receive the support they needed at the right time.

Discussion with people and records showed that people had been supported to access health care professionals as needed. When needed, staff supported people to arrange appointments with any healthcare professionals such as a GP, chiropodist or physiotherapist. One person told us, "The doctor checked them (their medication) over so I know I'm taking the right things." During the inspection we heard one person tell the staff that they were feeling unwell. They were helped to a quiet area to rest and a GP was requested to visit them.

Some areas of the home had undergone a refurbishment. The manager's office had been moved into a conservatory area on the side of the lounge. On the day of the inspection there was an old mattress and building materials in the garden, however these were cleared before we left the home. Health and safety checks for the building and equipment had been completed as necessary.

Is the service caring?

Our findings

All the people and their relatives spoken with said that staff worked hard and were kind, caring and respectful to them. One person told us, "I wouldn't want to live anywhere else, the staff take a real interest in me, ask me how I am that sort of thing." Another person said, "The ladies and girls (care staff) are quite amusing and take pride in what they do. They often come and sit by me and chat."

We saw that staff respected people's personalities by approaching them in a way that suited them. For example, we saw that one member of staff spoke to different people in slightly different styles, sometimes being exuberant and other times more quietly.

One staff member told us that they promoted people's dignity and privacy by always ensuring that bedroom doors and curtains were closed before they assisted people with any personal care. Staff were observed knocking on bedroom doors before entering and ensuring that bathroom doors were closed before assisting people with personal care. Personal information about people was held securely so that it was only accessible to staff or visiting healthcare professionals as required.

Staff knew people well and were aware of how they preferred to be supported and what their likes and dislikes were. The provider told us that one person had told them they enjoyed eating crab but only the ones from Cromer. The provider stated that he wanted people to be happy and have what they wanted so he went all the way to Cromer to buy a crab for the person.

Staff told us how they tried to encourage people to make choices. For example, they offered the choice of a bath or shower and asked what clothes people would like to wear. One person told us, "When staff ask me what I want they are really offering me a choice, not take it or leave it." One staff member said, "I'm here to make people happy. We are very much encouraged to sit and chat with people. If they want something we get it for them. We treat people with total respect."

Relatives told us they were welcome to visit the home whenever they liked and were always made to feel welcome. The staff told us that visitors were always offered drinks and were welcome to stay for meals with the family members. Relatives were also invited in to share special occasions with their family members such as birthdays and Christmas. The staff showed us pictures of special birthday cakes that had been made for people.

Information regarding advocacy services was available to people if they required it. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

The care plans contained information about how staff should meet people's needs but would benefit from more detail in some areas. Staff knew people well and were able to tell us their preferences but this was not always recorded in people's care plans. For example, one person had been reluctant to eat and drink. However, staff were able to tell us what the person's favourite food and drink was and how having these encouraged them to eat and drink. However, this information was not in the person's care plan. Information should be included in care plans so that new or temporary staff have access to the same information to ensure consistent and appropriate care is provided.

People's care plans regarding the assistance they needed with personal care was detailed and encouraged people to be as independent when possible. People told us they received the support they required with personal care.

People and their relatives told us that staff had asked them for information so that they could complete the care plans accurately. We saw that some care plans contained the signatures of the person or their legal representative to say that they agreed with the information. The manager stated that people and their family members were being invited to attend reviews of care plans so that their opinions were included.

Care plans contained good information about how living with dementia affected the individual person. The guidance included important information such as breaking tasks down into manageable steps for the person and making sure instructions were clear and easy to follow and using memory aids such as photos.

We saw that when people had returned from a time in hospital their care plans had been updated to reflect their current needs. Staff confirmed that they were informed about any changes to people's care plan and instructed to read them on a regular basis.

People and their relatives confirmed that they received the support they needed. In a recent quality survey one family member had commented, "Everything is brilliant. Everything is perfect and all the staff are brilliant."

Staff considered providing recreational activities and entertainment as part of their job rather than just the job of an extra member of staff employed to provide activities. Throughout the day we saw staff singing and dancing with people and taking an interest in what they were doing. People told us they enjoyed the entertainers that came into the home and trips out with the staff. During the inspection we saw that one person was becoming anxious so a member of staff went out for a walk with them and the person returned feeling happier and calmer. Staff told us they used time with people to reminisce. One staff member said, "I took a lady to the see the GP this morning. On the way we talked about being evacuated and ration books." Staff also encouraged people to use the local community and went with them to local shops and cafes. Staff had also encouraged people to take part in a local interest called "Littleport Rocks". People painted rocks and hid them around the community for other people to find. The staff also organised events in the home and invited the local community in, such as the Christmas fair.

People had call bells in their rooms so that they could summon help when needed. One person told us they had chosen to spend the day in bed but they could request help if they needed it. They told us they had their call bell clipped to their bed, they stated, "It's my life line, I don't use it much but they always come quick if I need something".

There was a complaints procedure in place. People and relatives spoken with said that they felt able to raise any concerns with the manager who they thought was accessible or any other member of staff. There had been two complaints received in the previous 12 months. The records showed that any concerns or complaints had been investigated and any appropriate action taken. The records showed that extra supervisions had been held with individual staff members to address their performance and ensure improvements were made where needed. The provider told us that learning from complaints was discussed during staff meetings so that improvements could be made.

Staff told us that they had received training so that when needed they could support people who were at the end of their life. One staff member told us, "We try to make people comfortable, talk to them, maintain their privacy and dignity and when needed give them reassurance." The manager told us that they worked closely with the local healthcare professionals to ensure medication was easily available to people so that any pain could be managed.

Is the service well-led?

Our findings

The manager and other staff carried out daily, weekly and monthly audits on the quality of the service provided. Audits covered a number of areas including medication, health and safety, environment, care plans, personnel files and infection control. However the systems for governance and oversight needed improvement because some areas where they were failing had not been found, for example the fire risk assessment had not been reviewed and completed as required by the fire safety officer and fire systems checked for effectiveness. The provider stated that they would be contacting the local fire service after the inspection to request support. After the inspection we asked the local fire officer to visit the home to carry out an inspection.

There was also a lack of oversight to ensure monitoring records were completed by staff and that care plans included current and relevant information.

One person's care plan stated that they were at very high risk of developing pressure areas and that a repositioning schedule should be put in place. It was not clear from the care plan how often the person should be assisted to reposition. Staff told us that the person should be repositioned every three hours and that they did this regularly. However, the repositioning chart did not show this. The person had not sustained any pressure areas so it was difficult to know if it was a recording omission rather than the person not being repositioned regularly. This also put the person at risk of developing pressure ulcers as staff did not have a clear record of which position the person had previously been. These issues had not been identified during audits of the care plan.

At the time of the inspection the manager was in the process of applying to the Commission to become the registered manager. On the day of the inspection they were on annual leave but came in for a short time to assist with the inspection. The manager was very passionate about providing a service that met people's needs. People and staff were all very positive about the manager and told us that improvements had been made since they had been in post. For example, people and staff thought that the new manager was more accessible and dealt with any issues that had been raised. One relative told us that their family member had recently been in hospital for an operation. They stated, "The manager came to Addenbrookes to visit her and couldn't have been kinder." One person told us, "[Managers name] always gives me a cuddle when she comes in and has a chart with everyone in the lounge. She's really fun but listens very carefully to us. She's always approachable and makes times for anyone. The owner comes in very often too, and he knows most of our names too."

The provider told us that their mission statement was underpinned by values that included; honesty, involvement, compassion, dignity, independence, respect, equality and safety. They also stated that they had completed training in care management so that they could support the manager and staff in providing a good service. The manager and provider told us that they held regular 'Resident's and relatives' meetings', so that they could get feedback about the quality of the service that was being provided. Two relatives told us that they attended the meetings. One relative told us, "They always have food on the agenda, often entertainment and planned visits out. They also talk about any plans or changes, like the extension the

owner is planning to provide more beds. Mum always has something to say." At a recent meeting people had been reminded about the complaints procedure and who they should talk to if they had any concerns.

Surveys had been given to people, their relatives and healthcare professionals to gain their feedback on the service being offered. One healthcare professional had written, "The manager is always willing to listen and acts quickly."

Providers of health and social care are required to inform the CQC of certain events that happen in or affect the service. The provider had informed CQC of significant events. This meant we could check that appropriate action had been taken. There were also clear records showing if any safeguarding allegations had been raised, that they had been reported to the appropriate safeguarding authorities and the Commission and the outcome of any investigation.

Staff confirmed that the values of the home were discussed with them during supervisions with their line manager and during staff meetings. Staff said that they had regular staff meetings and that they could raise any issues they wanted to. Staff were dedicated to the jobs and told us that they enjoyed working at the home. A Staff member told us, "We have a good rapport with people and their families, we are a crazy bunch but the residents thrive on it." Another staff member told us, "The best thing about working here is the atmosphere, it's friendly and comfortable." All of the staff we talked with told us they would be happy to have a family member living at Laburnum Lodge.

Staff understood the term 'whistleblowing'. This is a process for staff to raise concerns about anything in the workplace. The provider had a policy in place to support people who wished to raise concerns in this way.