

J.A.N. Limited

Laburnum Lodge

Inspection report

50 Lipson Road
Lipson
Plymouth
Devon
PL4 8RG

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26 April 2022

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Laburnum Lodge is a residential care home providing personal care to five people at the time of the inspection. The service can support up to six people.

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

People told us they felt safe with staff and living in the service. Safeguarding processes were robust and staff had good knowledge of people's needs, the risks they might face and how to mitigate those risks. Medicines were managed safely and the safety of the environment was monitored and adapted as needed.

People were supported by kind caring staff who encouraged choices and people to lead the lives they wanted to. People had freedom to choose when they saw family, where they went and make decisions about their daily living.

The service was aware of and understood best practice guidance around support for people with a learning disability and worked with people to remove barriers and reduce social stigma. People had access to healthcare appointments and staff knew how to identify and what to do if a person was becoming unwell.

The service was homely and people were proud of their personalised bedrooms. People were treated with dignity and respect. People were supported to take part in the activity of their choice during the day or in the evening and supported to have social lives. There was a system in place to manage complaints but people and relatives told us there had been no cause to complain.

Staff felt supported by the leadership team who were visible and people knew them well. Quality assurance processes were robust and the service worked towards improving itself based on people's feedback.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms. Staff enabled people to access specialist health and social care support in the community.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did.

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

Rating

This service was registered with us on 06 July 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 16 September 2017.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture and to provide a rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Laburnum Lodge

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

One inspector carried out the inspection.

Service and service type

Laburnum Lodge 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 Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, Healthwatch, and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and

social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke and spent time with all five people who lived in the service. We spoke with three relatives about their experience of the care provided. We spoke with seven members of staff during the inspection process including the registered manager and provider.

We used the Short Observational Framework for Inspection (SOFI), spent time with people and observed breakfast, dinner and an art activity. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and four medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We received feedback from four professionals who engage with the service and received written further feedback from two members of staff.

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff understood what different types of abuse might look like for people living in the service and had completed training in safeguarding. Where required referrals to the local safeguarding authority had been made.
- People told us they felt safe and one person explained, "It is everybody's job to keep each other safe." The service had discussed with people openly how they could keep themselves safe when out and about in the community.

Assessing risk, safety monitoring and management

- The culture in the service focussed on least restrictive options and staff were aware of and understood how they behaved or interacted with people might affect how people felt about positive risk taking. One staff member said there was a "strong safety culture identified through risk taking."
- People's care records helped them get the support they needed because it was easy for staff to access and keep high quality care records. Staff kept accurate, complete, legible and up-to-date records, and stored them securely.
- There were checks in place for fire and building safety that were audited and fire evacuation drills were taking place. Windows were restricted and hot surfaces were covered to prevent accidents.
- All relatives and people we spoke with expressed Laburnum Lodge was a safe place to live. A professional told us "I do not have any concerns regarding safety." Two relatives we spoke with both expressed they did not have to worry about their loved one now they lived in Laburnum Lodge.

Staffing and recruitment

- The service had a process in place to check the suitability of any new staff before they started working with people. This included application, interview, references, police checks and ensuring staff shared the values of the service.
- People told us there were enough staff. One relative said, "I have never seen an issue with staffing, people are out and about all the time." The registered manager told us they were liaising with the local authority to try and arrange reviews of people's needs in an effort to ensure they were having the level of staff attention and support they needed and wanted.
- The registered manager, provider and care staff told us staffing was stretched and although the core staff team worked to fill any gaps in the rota, it had been a challenge over the pandemic when there had been staff absences. Staff told us despite being stretched, they had "plenty of time to talk and listen with service

users." One staff member said they got "job satisfaction through unhurried care."

- The registered manager and provider were working to recruit new staff and had taken the decision to not accept any new people wanting to move in until they had increased their staffing numbers. They were aware of the pressure staff felt under and had used incentives to try and keep morale up.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured people's medicines were reviewed by prescribers in line with these principles.
- Medicines were stored safely. People took their medicines in private and in their own time. One person invited us to see the administration of their medicine and where it was stored.
- People were supported by trained staff who followed systems and processes to prescribe, administer, and record medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service recognised family members and friends visiting people was important to their wellbeing. Visitors were able to arrive at any time and supported to visit safely in line with government guidance.

Learning lessons when things go wrong

- The registered manager was reflective, listened to feedback carefully and thought about what changes might need making in the service.
- We heard examples where staff had learned from and reflected on a change in a person's behaviour. Staff discussed what the person might be trying to communicate to them and how they could adapt their approach if it was not received well by the person.
- Communication was prompt with relatives and professionals where things had not gone as planned.

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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and reviewed on an ongoing basis. One relative said, "Care plans change with changing need."
- The registered manager and staff were aware of RSRCRC and embedded best practice principles in their day to day work.
- Staff were careful to ensure they heeded guidance around STOMP, and referred to National Institute of Clinical Excellence (NICE) for medicines.

Staff support: induction, training, skills and experience

- The service employed staff with a wide range of experience, many staff had worked in the sector for several years. Staff told us they felt they had the skills and training needed to meet people's needs. Staff training included aspects relating to people's individual needs such as diabetes, epilepsy or dementia. One staff member said, "At present I don't feel that I need any further training but if I felt that there was any extra training that I needed then this would be available."
- Induction for new staff was robust. New staff spent time shadowing and getting to know people to build up their relationships before they worked alone with people.
- Staff told us they felt supported through supervision and appraisal which were both taking place and recorded.

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

- We observed people being supported to eat and drink safely. Guidance from professionals, for example on thickened fluids were followed. One professional said "There is clear evidence when I visit that eating and drinking guidelines are followed."
- People could choose when, where and what they wanted to eat. There was a range of fresh fruit and vegetables available to people and balanced meals were provided. People all told us they enjoyed the food prepared. One relative told us their family member "Likes the food. They adapt the food for [them]."
- The mealtime experience was jolly and interactive. People were chatting and enjoyed the company of each other and staff whilst they ate and drank.

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

- The service was wheelchair accessible and had a lift and building adaptations such as grab rails in bathrooms where required.
- People's bedrooms had furniture and equipment appropriate to their needs. People were proud of their bedrooms and proud to show us them. Bedrooms were personalised and told a story of how people lived

and their experiences.

- The garden was accessible to all people using the service.

Supporting people to live healthier lives, access healthcare services and support

- Staff had been trained to identify a decline in health and how to monitor vital signs. One relative said, "If it wasn't for their quick intervention (their relative) would not be here today."
- People had a range of health appointments relating to their needs and staff supported them to attend these. One person said, "If I feel poorly they help me to call doctor."
- Communications with health professionals were well recorded and shared amongst the team as needed. One professional shared with us, "They are good at referring when needed (and sometimes when not but just in case!) and therefore ensure the complex physical needs of the people they support are well managed."
- Each person had an oral health care plan, access to clean toothbrushes and toothpaste and support to keep their teeth and mouth clean if they needed it.
- Each person had a detailed health action plan, so if they went in to hospital it would be clear how people liked to be supported and what their health, emotional needs and preferences were.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA and where there were conditions on an authorisation to deprive a person of their liberty, these were being met.
- Staff had a good awareness and understanding of consent and how it threaded through all of the interactions they had with people. Staff said they always "Ask ... if it's ok for you to move things if needed." And, "Always ask permission before supporting any care task needed."

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

- The atmosphere in the service was fun, we observed periods of calm but also lots of joking and banter. Our observations suggested people felt comfortable with staff. People also told us they enjoyed the company of staff.
- When we spoke with people and staff they expressed affection for each other. Staff and people both referred to the service "like a family." We heard examples where staff had shown their caring nature through coming in on days off, and going out of their way to arrange events and trips for people. One relative said, "I am grateful from my heart they sat with her all night", referring to a person who was unwell in hospital and staff stayed with them all night so they were not lonely or afraid.
- People's equality needs were considered and people were supported to explore relationships. Staff helped them to remove some barriers that society put in their way. One staff member said it was their job to be "challenging social stigmas" and, "We like to remain inconspicuous, not advertising on our company vehicles, making social integration easier for our service users."
- Staff were aware of how they could support people to access the community in the way they wanted to and explore new experiences, have holidays and meet new people. □

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

- People told us they dictated how their days went. One person said, "I have all the choices, I choose my clothes, when I get up... what I eat... if I want to go to the disco."
- Staff offered choices and gave opportunities for people to express their views. One staff member told us, "We encourage service users to be involved in choices and be in control of their own daily lives as much as possible."
- The service was in the process of reviewing how people's care was planned and had started rewriting care plans with people. The registered manager told us they had contacted some relatives with a view to collaborating on reviewing of care plans with people. This was a work in progress.

Respecting and promoting people's privacy, dignity and independence

- The ethos in the service focussed on respect. People and staff spoke to us about this. Staff expressed the importance of "always respecting their personal space and possessions at all times" showing they understood they were working in people's homes. One person said, "Yes they respect me."
- People's desire to be more independent was worked on at their own pace. One person told us how they were encouraged and supported to do more in the kitchen and develop their cooking skills.
- Staff were discreet around what people needed support with. Staff knocked on doors before entering and told us how they made sure for those people who needed full support to wash, they kept as much of their

body covered as possible to preserve their dignity.

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

- People told us staff knew what they liked. Staff told us people's interests and this was reflected in the discussions we had with people, for example one person loved Noel Edmunds and this was reflected in their care plan, bedroom, and discussion with us. One person said, "they know what I like, know me well."
- People's preferences were met. Care plans were detailed and person centred and their support reflected it. For example, people said they could get up when they wanted and each person's daily activities were led by them rather than staff.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was accessible in the service. There were a range of large print, easy read, and pictorial documents regarding people's care.
- The service was responsive in ensuring people's changing communication and sensory needs were met. For example for one person whose dementia was advancing the service had purchased a talking photo album to remind them of the adventures they had been on and the loved ones in their life.
- Staff knew people's sensory and communication needs well and explained these to us in detail so we could meaningfully interact with people and they could understand us. We observed one person delighting in staff using their special word for a drink they enjoyed. Staff used their personal sign and word for certain items to ensure communication was smooth and familiar.

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

- Every person we spoke with told us they had full and happy days and when they wanted to do something they could. A relative said, "It's brilliant, she does things that she wouldn't be able to do in another setting. The staff research things."
- People told us staff supported them to maintain contact with their families where this was needed. One person said, "I see my Mum, they help me, they take me to her." Staff talked to people and helped them to understand the ups and downs of family and close personal relationships.
- Relatives told us they could visit whenever they wanted and staff went out of their way to support regular interactions. One relative said, "They will bring her down here to see me."

Improving care quality in response to complaints or concerns

- The service had a complaints process in place but had not received any formal complaints since being registered.
- People were given opportunity to feed back and raise any complaints or concerns regularly. The service had meetings where they asked people about their care and support and recorded what people fed back so they could act on it before it turned in to a complaint.
- Every relative and person we spoke with said if they needed to complain they would feel comfortable and able to do so, and would be listened to.

End of life care and support

- The service was providing end of life care and support at the time of our inspection visit. The registered manager and a senior care staff member had both attended end of life care training they were sharing with the rest of the team. They showed an understanding of the complexity of end of life care and were sensitive towards the needs of people and their families.
- The service showed us how they had celebrated the life of a person who had recently passed away and how they supported the other people living in the service with their feelings.
- Where appropriate there were advanced care plans in place. The service was in the process of arranging for an advocate to support a person to discuss their advanced care planning wishes. One relative told us, "We have gone through end of life plans multiple times, they stay on top of end of life plans and keep me up to date."

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 good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service supported people to achieve positive outcomes that were important to them and their families. One relative said their loved one had, "gained in confidence, less aggressive, talking more and eating much better. A big difference since coming here."
- Staff felt well supported by the registered manager. People and relatives knew who they were. One person said, "[name of registered manager] is in charge, she is nice", a relative told us the registered manager "is incredibly receptive to suggestions, they trial things to see what works. They are open and responsive."

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

- Relatives all told us the service kept them informed and contacted them if a person became unwell.
- The registered manager understood the duty of candour and had an open and honest relationship with people, staff, families and professionals.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear grasp of regulatory requirements. Notifications to the Care Quality Commission were made as required and the registered manager had taken note of regulatory requirements when creating their service improvement plan.
- There was a planned system of audits in place which covered aspects of the daily running of the service including medicines. The registered manager had good oversight of the service.
- The provider was visible in the service through visits and working on shift if required. We discussed with the provider how they could evidence clearly the support they provided to the service and registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had good awareness of people's equality characteristics and how to address barriers and reduce stigma faced by people with a learning disability.
- People's views were regularly sought, both through recorded meetings but also daily interactions where people were engaged around how the service was run and their daily choices.

- The registered manager explained they were in the process of reviewing people's needs with people and families and had identified an area to develop in the service was how collaborative this process was.

Continuous learning and improving care; Working in partnership with others

- Staff, the registered manager and provider were open to learning and creating new opportunities for and with people.
- Professionals said the service had a good reputation. One professional said to us "Management are approachable and easily contactable."
- The registered manager was linked in with local improvement and learning networks and showed how their learning and engagement with social care forums impacted on how they provided care.