

365 Care Homes Limited

# Laburnum Lodge

## Inspection report

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Date of inspection visit:  
30 April 2021  
12 May 2021

Date of publication:  
10 June 2021

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Laburnum Lodge is a residential care home providing personal care to 18 which increased to 20 older and younger adults by the end of the inspection. The service can support up to 22 people. The service provides support mainly to people over 65 years of age some of whom are living with dementia. The care home accommodates people in one adapted building, over two floors accessed by stairs or a stair lift.

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

The registered manager and staff had made improvements to people's care records. Care plans contained individualised information to guide staff on how to monitor people's known risks and to support people's wellbeing. People and their relatives were involved in decisions around their or their family members care. Staffs communication with people's relatives was good. Relatives told us they knew how to raise concerns and were confident they would be listened to.

The provider and registered manager had introduced a new system of policies and procedures and audit forms to help improve the monitoring of the service provided. The registered manager notified the CQC of incidents they were required to. People and staff were able to formally feedback on the service by completing a survey.

The registered manager and staff promoted satisfactory infection control and cross contamination processes. Where improvements were noted to be needed during the site visit the registered manager was signposted to current guidance. The provider and registered manager were working with the local authority care home support team and they also worked with health and social care professionals. This was when people's wellbeing required this joined up working.

Staff were trained in safeguarding and told us they would raise any concerns around poor care and harm. Staff administered people's prescribed medicines safely. Some improvements in medication recording were found and staff confirmed that this would be dealt with during supervision by the registered manager. This staff learning would help reduce the risk of recurrence.

Potential new staff had checks completed on them to try to make sure they were of good character. There were enough staff available to meet people's needs. Staff promoted people's wellbeing by offering different activities for people to join in should they wish to.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 March 2020) and there were two breaches of regulation. The provider had not completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made

and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 12 March 2020 and breaches of legal requirements were found. The breaches were Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care), and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good governance).

We undertook this focused inspection to check they had made the necessary improvements and to confirm they now met legal requirements. The inspection was also prompted in part due to whistle-blowing concerns received about poor infection control procedures, and poor maintenance. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Please see the safe, responsive and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laburnum Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 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 Care Act 2014.

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

This inspection was carried out by one inspector.

#### Service and service type

Laburnum Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought and received feedback from the local authority and safeguarding team who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the

judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

The start of the inspection was the unannounced site visit on 30 April 2021, and we finished gathering our inspection evidence and gave feedback on 12 May 2021. We spoke with five relatives about their experience of the care provided to their family member. We spoke with seven members of staff including the provider/nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the registered manager, the business development and IT manager, the administrator manager, and three senior care workers.

We reviewed a range of records. This included three people's care plans and risk assessments. We also looked at medication records and variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at actions taken as a result of learning from incidents and accidents.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had been trained in safeguarding and told us they understood the importance of raising any concerns they may have had around poor care and harm.
- Staff were aware of the provider's safeguarding systems and procedures. A staff member said, "I have had training and I would report any concerns and I think I would be listened to. If I wasn't, I would report it to the local authority, CQC or police. I would whistle-blow concerns around poor care."
- Relatives told us that the care and support staff gave their family member reassured them. A relative said, "I am reassured that [named relative] is being looked after. I don't have to worry about anything and know they are safe."
- Relatives knew how to raise any concerns they may have had. They told us communication with the registered manager was good.

Assessing risk, safety monitoring and management

- Staff told us improvements had been made and that they were continuing to improve the information in people's care plans and risk assessments to guide staff. A staff member said, "Everything you needed to know was there, but we are putting more depth into them."
- Risk assessments were in place for people's known risks. For example, for a person at risk of falling due to a health condition and a person at risk of poor skin integrity. A relative confirmed, "(Poor) skin integrity? Staff look after that really well and [family member] is cared for in bed but fidgets, so their skin is like parchment and can break down. Staff report it and act on it getting the district nurses involved."
- Risk assessments assessed the risks for people and the corresponding care plan gave guidance for staff. This included how to support these risks safely and what to look out for and when to seek help, including seeking external professional guidance.

Staffing and recruitment

- Potential new staff to the service had a series of checks completed on them to try to ensure they were of good character. Staff talked us through the checks carried out when they were recruited. A staff member said, "My DBS (criminal records check) was in place before starting and references, one being from my last employer and identity checks."
- Staff spoken with confirmed they had no concerns about staffing levels. Relatives told us they also had no concerns. A relative said, "Staff are always around and always pop their head around the door of [named family members] room." Another told us, "There always seem to be enough staff around. When you are visiting the POD, you can see into the lounge and you see a few staff."
- The registered manager told us the directors for the service determined safe staffing numbers based on

how dependent people were.

#### Using medicines safely

- The registered manager told us since managing the service they had made a lot of improvements around the safe management of people's prescribed medicines. Relatives spoken with also had no concerns. A relative said, "The most important thing is that [family member] gets their tablets and they are given."
- Medicines were mainly managed safely. We observed that staff explained to people and sought their permission before undertaking a health check. During our review of people's prescribed medicines, we found a couple of mistakes with recording. The registered manager told us they would follow this up with a staff supervision. Staff confirmed this happened when a medication error was found. A staff member said, "You are called into the office for a supervision and you are observed giving out medication."
- Staff were trained in the administration of medication and their competency was assessed yearly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured that the provider was meeting shielding and social distancing rules. The registered manager told us they had no zoning plans in place should an outbreak occur. They said they would care for people in their current rooms. A staff member was observed supporting a person with a specific health condition check without wearing disposal gloves. The registered manager was made aware by the CQC inspector and the staff member was reminded to wear the correct PPE (personal protective equipment).
- 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 somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We spoke to the registered manager about moving and handling equipment being stored in communal bathrooms that are used. This increased the risk of cross contamination.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the registered manager to resources to develop their approach.

#### Learning lessons when things go wrong

- The registered manager shared with us examples of learning from incidents, particularly following a recent whistleblowing around infection control.
- Staff confirmed that lessons were learnt and shared with other staff. They told us learning from incidents and accidents were shared with them to reduce the risk of it happening again. A staff member said, "If it is a significant issue a meeting with staff is held in the manager's office."



# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

At our last inspection the provider had failed to ensure that people's records contained all relevant and current information. People were at risk of not receiving personalised care. This was a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person-centred care.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- The registered manager and staff explained that people's care records had been transferred to a new electronic system. They said and staff confirmed that people's care plans included more details to help staff give more person-centred information and support people safely.
- Staff confirmed they had access to these records using a handheld portal at all times when working. They explained how the computerised system prompted them to undertake care tasks such as repositioning a person with poor skin integrity. This would help reduce the risk of skin breakdown.
- Relatives were involved in their family members care decisions. A relative confirmed to us, "[Staff] update me as I have power of attorney," another told us, "We are involved in the review of the care plans and are asked for feedback."

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.

- The registered manager told us that they had organised more dementia friendly signage to help people living with dementia understanding. This would help people orientate themselves around the building.
- Information such as the service user guide was available in an easy read format to help aid with people's understanding.

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

- We saw different types of activities happening during our visit for people wishing to take part.
- A relative told us, "[Family member] told us she had played bingo and won a prize."

#### Improving care quality in response to complaints or concerns

- Relatives told us they knew how to raise a concern should they need to and were confident it would be listened to. Relatives said, "The [registered] manager will listen, and staff are all approachable," and "The [registered] manager and staff are contactable and approachable."

#### End of life care and support

- The registered manager and staff had training to care for people at the end of their life with dignity, respect and in line with their wishes. For people at the end of their life their wishes had been documented as guidance for staff in a care plan.
- When people had been at the end of their life the registered manager had ensured that the relevant healthcare professionals were involved so that people could have a dignified death as possible.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection areas for improvement had not always been identified or the action needed to make improvements had not been taken in a timely manner by the provider. This was a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

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

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- There was a new registered manager in post since the last CQC inspection. The provider and registered manager had made improvements to the governance system. This included using new records to document audit findings that included actions to be taken to improve.
- A new set of updated policies and procedures had been introduced to the service as guidance for staff.
- The registered manager and staff had made people's care plans more person centred and work continued to make sure they contained enough detailed and individualised information to guide staff.
- The registered manager and staff spoken with were clear about the registered managers and providers roles and their expectations of the quality of the care and support provided. A staff member said, "The changes have been positive," another told us, "[The registered manager] is fitting in really well and making changes. I believe we are moving in the right direction."

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

- Staff and relatives spoken with told us they found the registered manager approachable and that communication was good. A relative said, "Communication is fantastic," and another told us, "Staff or the manager will always ring me and make me feel involved."
- Staff confirmed that the registered manager was supportive of them and that communication was good. Staff told us, "[The registered manager] is very approachable and supportive. I can even talk to them about personal issues as well." And, "We work well as a team and I think COVID-19 has made us bond even more."
- We discussed that some family members worked at Laburnum Lodge with the registered manager and the risks it posed. They told us they had taken steps to ensure there was no conflict of interest and staff spoken with confirmed this. The registered manager said, "Staff are clear that when at work, you are at work and all

treated equally...at work I am not related to anyone I am their manager."

- Staff attended team meetings where they were updated on the service and staff confirmed, and records showed that learning from incidents were discussed.
- People living at Laburnum Lodge and staff had completed satisfaction surveys and the results were mainly positive. Actions from the people's survey were either completed or on-going and included the purchase of a karaoke machine and a request for more themed afternoons to be put on.

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 registered manager was aware of their duty of candour responsibilities. Records showed they had notified CQC of incidents they were required to inform us about.

Working in partnership with others

- The registered manager told us, and this was confirmed by relatives and staff that they worked with external health and social care professionals such as the GP and district nurses when needed.
- The registered manager and staff team were currently working with representatives from the local authority care home support team.