

Bolton Council

Laburnum Lodge

Inspection report

Brightmet Fold Lane
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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

Laburnum Lodge is situated in the Brightmet area of Bolton. The service is owned by Bolton Council and is close to local amenities and is on a local bus route. The service provides short stay intermediate care and support for 32 people. The aim of the service is to help people to return to their own home or move in to other care settings. The care is provided 24 hours a day by local authority staff with NHS staff working daytime hours only. The following services that are involved daily in providing intermediate care includes: Nursing staff, physiotherapy, occupational therapy, Pharmacy support, social care staff, social workers and a catering and domestic team.

Laburnum Lodge is registered as a 'care home'. People in care homes receive accommodation and nursing or 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.

This inspection took place on 14 February 2018 and was unannounced. The last inspection was carried out on 17 November 2015 and was rated as 'Good'.

The service had a registered manager in post. 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. The registered manager and the deputy manager facilitated the inspection.

There were sufficient staff on duty on the day of the inspection. We saw from rotas that the service responded to people's dependency levels to ensure the correct number of staff were deployed on each shift.

The service had a robust recruitment process and the induction programme was comprehensive. Training for staff was on-going.

Safeguarding policies and procedures were followed appropriately and staff were aware of these.

Health and safety measures were in place and equipment was maintained and tested regularly.

The service had an appropriate medicines policy in place. There were good systems in place for and medication procedures were followed by staff. However during the inspection the manager took immediate action to remedy the minor shortfalls we found.

Care plans included a range of health and personal information and were person centred. Appropriate risk assessments were held within the care plans. Staff were aware of how to deal with incidents and accidents.

Nutritional and hydration needs were catered for and mealtimes were relaxed and well managed by the

service.

The service was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and the Deprivation of Liberty Safeguards (DoLS).

We observed interactions between staff and people who used the service and saw that these were friendly and respectful.

The service endeavoured to work in an inclusive way, ensuring equality and diversity for everyone. There was a range of activities on offer and people were given choices in the course of their daily lives.

Any complaints were dealt with appropriately and responded to. The service had received a number of compliments from people who had used the service and their relatives.

Staff and people who used the service described the management as approachable.

Systems were in place to assess and monitor the quality of service and the care delivered. Audits were undertaken and any issues identified and actioned within a given timescales.

Visiting times were flexible, however friends and relatives were asked try and avoid meal times so people could dine without disruption.

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.

Safeguarding procedures were in place and staff had received training in safeguarding vulnerable adults. Staffing levels were sufficient on the day of the inspection.

Assessments were undertaken when people arrived at the service.

The service was supported with their medicines management by a pharmacy team. The team includes technicians and pharmacists. The team gives very good support to the staff at Laburnum Lodge.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them

The registered manager and staff were aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS).

A team of healthcare professional were based at the service to help ensure people's health and well-being.

Is the service caring?

Good ●

The service was caring.

People who used the service were treated with kindness and respect. Staff were respectful of people's rights and privacy.

Care and support was provided in accordance with people's wishes and in preparation for discharge back home.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs during their stay and what action would be required to ensure a safe discharge home.

The registered manager and all the teams based at the service worked together to make sure people received care and support in a coherent way.

People who used the service and their relatives knew how to make a complaints and were confident they would be listened to.

Is the service well-led?

The service was well led.

A range of audits were in place to monitor the health safety and welfare of people who used the service.

The service had clear lines of accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

The registered manager consulted with stakeholders , people they supported and relatives for their input on how they could continually improve.

Good ●

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 14 February 2018 and was unannounced. The inspection was carried out by one adult social care inspector and a medicines inspector from the Care Quality Commission (CQC).

Prior to the inspection we contacted the local authority commissioning team, the safeguarding team, Clinical Commissioning Group and Healthwatch Bolton. Healthwatch is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

We also received a provider information return (PIR) from the registered manager. This form gives us some key information about what the service does well and any improvements they plan to make.

During the inspection we spoke with the registered manager and the deputy manager, the cook and kitchen assistant, four members of staff, the pharmacy technician, two relatives and five people who used the service. We looked four care records and four staff training records. The staff recruitment files were held at Human Resource (HR) office with Bolton Council. The HR department confirmed by email that staff had been safely recruited.

Is the service safe?

Our findings

We spoke with people staying at Laburnum Lodge. We ask if they felt safe during their stay. All commented they felt very safe. "One said, "I feel very safe here, the staff have all been very kind and helpful". Another said, "Oh yes, I definitely feel safe, but I am looking forward to getting home". Relatives spoken with told us they had no worries over the care their relatives were receiving.

To help ensure people on arrival to the service were properly admitted and monitored during their stay staff completed a 'SAFER' bundle form. As part of the SAFER bundle the service used a standard work sheet known as Red2Green. The purpose of the Red2Green guidance was to identify wasted time in a patient's journey and to reduce internal and external delays as part of the SAFER patient flow bundle. SAFER stands for 'S' -for senior review, this means the care supervisor should make contact with the person being admitted within 30 minutes of arrival with the aim of introducing themselves. This was to explain the nature of the service, offer refreshments and reassurance. 'A' to complete a full assessment of needs. 'F'- for flow, Laburnum Lodge to start each day with planned discharges. 'E'- for early discharge to make contact with the person and their relative to identify any potential barriers to a timely discharge and 'R'- for regular reviews by the home's consultant during a person's stay at Laburnum Lodge.

Board rounds took place on Monday, Wednesday and Friday on both floors involving all teams. A safety huddle took place daily at 7.30 am with the nurse and care supervisor and any risks identified were then escalated to the management team.

Information on the PIR stated that risks were assessed and documented. These included an individual personal emergency evacuation plan (PEEP). A PEEP provided information to the fire service indicating where people's rooms were and what assistance they required to evacuate them from the building in an emergency. A fire risk assessment and a buildings risk assessment was in place. This helped to ensure the safety of staff and people staying and visiting the service. We saw evidence of the these during the inspection. Multi-Disciplinary team risk assessments were also in place.

The service had volunteered to be part of the Care Home Falls Collaborative which seeks to find ways of reducing the risk of falls and managing falls more effectively when they happen. The service piloted the use of falls screening and falls management plans which are based on National Institute for Health and Care Excellence (NICE) guidance. Using these tools has led to better outcomes for people who used the service. For example the use of the screening tool identifies anyone at risk of falls on immediate admission to the service. The falls management plan was then individualised to highlight how their risk would be managed. All incidents were monitored on a monthly basis and have shown a reduction in falls within the service.

In February 2017 Laburnum lodge started up a 'pimp my zimmer' campaign. Part of the campaign was to redesign the labels on walking aids to red and green labels which made it more identifiable to staff to highlight anyone who was at risk of falls. Following the initial campaign staff looked at the 10 people who took part in sprucing up their zimmer frames and no falls were reported during their stay at Laburnum Lodge and people with cognitive impairment were more likely to recognise their walking aid. The benefits

from the activity had reduced the number of falls and had a positive impact on people's mental and physical wellbeing.

There was a robust recruitment system in place. All recruitment information was held with the Human Resources (HR) team at Bolton Council. The HR team confirmed that. 'In the offer of appointment letter we say that the offer is subject to the following clearances: proof of right to work in the UK, satisfactory medical clearance, two references one of which must be from current/most recent employer and enhanced check with the Disclosure and Barring service(DBS). Proof of any essential qualifications is also required. All of these clearances must be received and verified before a final offer is made'. This meant these checks helped to ensure that people were safe to work with vulnerable adults.

The registered manager monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. The registered manager told us that they looked at the dependency levels of people using the service to assess staffing levels. On the day of the inspection we saw staffing levels were sufficient.

Procedures were in place to minimise the potential risk of abuse or unsafe care. Staff had received safeguarding and whistleblowing training and were able to describe good practice about protecting people from potential abuse or poor practice. The service had safeguarding link workers who attended regular meetings to share best practice and identify areas for any improvements and cascade updates to the team.

The service was supported with their medicines management by a pharmacy team. The team includes technicians and pharmacists. The team gave very good support to the staff at Laburnum Lodge and also undertook their medication training. The pharmacy technicians checked that people were prescribed the correct medicines when transferring from other care settings. During the inspection we saw that several people had been newly admitted to the service but had not been prescribed the medication they needed. The pharmacy technician noticed this during her checks and acted immediately to get those people their essential medicines. There was very good communication between the staff at the home and the pharmacy team to make sure people medicines are properly prescribed.

The staff employed by the service were responsible for the day to day management of medicines including administration, record keeping and storage.

We looked at records about medicines and the stock in the home for people and found that people were being given their medicines as prescribed.

We saw that everyone had an adequate stock of medicines and if there were issues with supply the pharmacy team ensured a supply within an acceptable time frame.

We found that the homely remedies medicines, medicines that can be purchased over the counter for simple ailments such as pain or constipation, were not handled safely for example there was a medicine that was out of date and some loose tablets and an unlabelled bottle of tablets in the medicines trolley. However during the inspection the registered manager took immediate action to remedy the shortfalls.

We also found that there were no protocols in place to guide staff to administer medicines with a variable dose, or medicines prescribed when required and to guide staff on the safe application of creams. We recommended that such guidance was put in place. The registered manager sent confirmation on 15 February 2018 that this had been actioned.

We also noted that no times of administration of medicines which needed to be given at specific times or time intervals were recorded. We discussed this with the registered manager who us she told us that she would implement a system to address this concern with immediate effect.

We saw that medicines which should be given before food were not always given at the correct time. The registered manager put a system in place to action this immediately.

Medicines were mainly stored safely. However we noted that waste medication was not stored properly. We were told that the storage cupboard lock had broken and a new cupboard was on order. We also noted that although the temperature of the fridge was recorded daily and the temperatures were always within safe limits but there was no record made of the daily maximum and minimum temperatures which is good practice.

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming that gas and electrical equipment complied with the statutory requirements and were safe for use. Equipment for moving and handling were safe for use.

We looked around the service and found it to be clean and fresh and well maintained. There was a designated team for the cleaning of the premises. The laundry was tidy and well equipped. The service did not deal with people's personal clothing, this was relative's responsibility.

Infection prevention and control procedures were in place. There was a designated infection control lead who attended regular meetings to share best practice. We saw staff wore protective, disposable aprons and gloves when carrying out different tasks. Bathrooms and toilets were equipped with liquid soap and paper towels to help prevent the risk of cross infection.

There was a hand hygiene observation tool audit in place and the rating for January 2018 scored 100%. This meant staff were observing good hygiene practices.

Is the service effective?

Our findings

We spoke with the kitchen staff who confirmed that there were regular deliveries of fresh and dried produce. Checks were carried out to ensure that food was stored and prepared at the correct temperatures. The service had received a 5 star rating for the national food hygiene standard rating scheme which meant they followed safe food storage and preparation practices. We saw that menus offered people a healthy and well balanced diet. Special diets and cultural preferences were catered for and the kitchen staff were aware of people's likes and dislikes and any food allergies. Each person on admission to the service had a nutritional assessment and any concerns identified were closely monitored and a food and fluid chart put in place.

We saw that breakfast consisted most days of cereals, toast and preserves. Lunch was the main meal of the day and lighter tea was served late afternoon. Suppers were available before people retired. The menus showed that choices were available and drinks and snacks were served throughout the day. We asked people what they thought about the food. One person told us, "The food is very good and there is plenty of it". Another said, "Nicely cooked and nicely served". We saw that people wishes of where they dined were respected. One person told us they preferred to eat in their own room instead of going in to the main dining area. We saw this person's meal was brought to their room.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are 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 were being met. Consent forms for photos, access to records and assistance with care were completed appropriately, either signed by the person who used the service or their representative. As this is an intermediate service and people were to be discharged back home the application/authorisation of a DoLS was not standard practice. Staff spoken with had a good understanding of MCA and DoLS had confirmed they had completed training in this topic.

We were provided with the staff training record. This showed that all staff had completed essential training and regular updates were offered as required. Training included moving people safely, first aid, food hygiene, fire safety awareness and medication.

Staff spoken with told us they received regular supervision to support them in their roles, which they found helpful. Supervision was a one-to-one support meeting between individual staff and management to review their role and responsibilities. The two-way discussion covered any worries or concerns they may have and

any further training and development they may wish to undertake.

The design and adaptation of the building allowed people to move freely around. The corridors were wide enough for people who required walking frames or the use of a wheelchair. Showers and bathing facilities were easily accessible. There was a passenger lift for people to access the first floor. There were rooms available for occupational and physiotherapy therapy sessions.

The care files we looked at contained comprehensive information about people's care and support needs. The information included a current skills plan, personal care record and a rehabilitation plan.

There was a discharge planning document. The discharge document made sure that the people were safe to return home, that the heating was on, there was food in the house, equipment required was in situ and that the necessary people had been informed that the person was due to return home.

We looked around the service. All rooms were of single occupancy and were equipped with call assistance systems in place. There was some signage around the home to help with orientation and people had their names on their bedroom door. On admission to the service people were fitted with a wrist band similar to those used in hospital. This helped staff to make sure they identified people correctly as there was rapid admission and discharge to and from the service.

Is the service caring?

Our findings

People spoken with told us they were receiving good care at Laburnum Lodge. Comments included, "The care has been very good so far". Another person said, "I have been getting regular physio, the support and care has been very good". A relative told us, "The staff have been very good. They have kept me informed of what's going on and what to expect when [name] comes home".

We saw feedback from people who had used the service, comments included, "Well there's nothing I don't like. They [staff] are very caring. I get up four times in the night and rest assured they [staff] are here as soon as possible". One question asked people what they liked about the service. Comments included, "The care, being looked after and the food". Another said, "Honestly and truthfully I can't think of how they can improve".

We observed positive interactions between staff and people staying at the service. We heard one member of staff explaining to one person that they needed to be steady on their feet before it was safe for them to return home. The member of staff was kind and patient with her explanation and the person accepted this. Other staff were seen chatting with people. There was a friendly and relaxed atmosphere within the service.

Staff spoken with were happy working at the service and some of them had worked there for a number of years. One comment made was that at times they felt an extra member of staff would be beneficial as they were a lot of people who need two members of staff to assist them.

Staff had a good understanding of protecting and respecting people's human rights. Staff had completed training in equality and diversity. All staff were trained in person centred practice to instil the importance of treating people with respect, dignity and kindness.

The service had a confidentiality policy to ensure that dignity and respect of people staying at the service was maintained. We saw that care records were held securely. This should help ensure confidentiality of people's personal information.

Each person was involved in the planning of the support received during their stay at the service. This was documented in their personalised care plan; they were able to set their own goals and outcomes. The service documentation ensured that people had the choice of using their preferred name and all staff adhered to this.

Information was available to people about the service and what people could expect during their stay at Laburnum Lodge.

Is the service responsive?

Our findings

We found the staff team responded to people's needs when required. Each person using the service was involved in creating an individual skills plan and risk assessment which identified strengths as well as being focused on their individual need and this was updated when changes occurred. We saw evidence of the skills plans in the care records we looked at.

There was an extensive staff team based at the service. The team included: care staff and care supervisors, a consultant, advanced practitioner, nurses, physiotherapist and occupational therapist. We saw that there was a range of equipment and aids to assist with people rehabilitation.

We looked at the arrangements for people's discharge back home or to alternative care settings, if required. Before a person was discharged back home a full discharge planning document was completed. This included: family/carer involvement, a care supervisor and nurses agreement to discharge, key access arrangements to the property, food and heating arrangements, pharmacy and drugs discharge information, what equipment required, was there a care line call system in place and follow up referrals.

The service did not provide an extensive activity programme. This service was for short term rehabilitation; therefore the focus was very much around therapy. The lounges were comfortable and had television, music and WIFI was available. People had televisions in their bedrooms. There were books available for people to read and exchange. A choir visited the service fortnightly along with other singing groups. People could access the hairdressing salon on certain days.

We looked the system for managing complaints within the service. We noted a complaints procedure was in place which provided information on the process for dealing with and responding to complaints. People we spoke with during the inspection told us they knew who to complain to if they had any concerns. We saw that where a complaint had been made there was a response to the complainant and actions and lessons learned were recorded.

We saw a number of compliment cards and letters had been sent to the service by people who had stayed at the home and from relatives thanking them for the care and support they received.

We asked the registered manager about caring for people who were very ill and at the end of their life. The registered manager told us the situation had not occurred, however they would do everything possible to continue to provide care for the person. Information on the PIR states that, 'Although we are rehabilitation service we acknowledge that service user's conditions can deteriorate and they may move onto and end of life pathway. We will provide end of life training to ensure that staff are able to continue to care for these service users. We will introduce a keyworker system so that families and service users have a link worker to ensure individuals feel included and cared for'.

Is the service well-led?

Our findings

The service had a registered manager in post. 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. The registered manager was supported by an experienced deputy manager.

People using the service told us they were happy with the way the service was managed. One person said, "They [staff] all seem to know what they are doing". A relative spoken with said, "The staff are very good, the place seems to run very well".

We found the service had clear lines of accountability with a structured management team in place. We saw that staff turnover was low. Staff spoken with had worked at the service for a number of years.

Prior to our inspection we checked the records we held about the service. We found the registered manager notified us of any accident or incidents as required.

Records we reviewed showed regular staff meetings took place. Staff meetings are a valuable means of motivating staff, keeping them informed of any developments with the service and giving them an opportunity to discuss good practice.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance are processes that help the registered manager and the provider to assess the safety and quality of their service. This helped to ensure they provided people with a good service and met appropriate standards and legal obligations.

Information on the PIR from the registered manager told us, 'There is regular management presence within the service by the registered manager. The service undertakes multi-disciplinary working on a daily basis to improve care outcomes. The service works to improve health and social care issues and ensure we provide the best quality and value service to people. Friends and family tests are undertaken with every service user as the leave the service, learning and service improvements are made where required depending on the results. The recent results of this have been a 100% recommendation of the service'. We saw the feedback from the questionnaires was displayed on the main notice board in the corridor.

The registered manager empowered the senior workforce to be accountable for one or more of these areas such as: training, quality assurance, infection control, safeguarding and MCA. The registered manager told us that they were sent performance information that included: Number of referrals to the service, sickness levels, outcomes for service users, average length of stay accidents and incidents. The registered manager monitored that these were completed via the regular supervision sessions. Action was then taken to deal with issues identified in the data. Evidence of this was provided during the inspection.

The registered manager has enrolled on the MSc dementia course at Salford University. This will assist us as service providers to support both staff and service users who present with dementia. This will enhance the people's experience and help staff gain valuable experience when working with people living with dementia.

The deputy manager has invested time in developing her skills as a manager and leader of a service. The deputy manager has signed up to the leadership development programme delivered by My Home Life. My Home Life is a nationally recognised organisation specialising in support for care homes. The programme provides an opportunity to learn from peer registered managers and has equipped her with additional skills and tools for managing effectively.

There was a monthly dashboard available to monitor performance against key performance indicators and measures so it was easy to see where improvements were required.

The Board met every eight weeks and their role was to scrutinise service information and activity; ensure improvement activity was taking place; that services were compliant with policy and learning was being shared across the department.