

# Lothlorien Community Limited

# Laburnum House

## Inspection report

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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

### About the service:

Laburnum House is a residential care home that provides personal care for up to six people who may have a learning disability. At the time of our inspection there were five people living there.

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

### People's experience of using this service:

- The home applied the principles and values of Registering the Right Support and other best practice guidance. These ensured people who live at the home can live as full a life as possible and achieve the best possible outcomes that include control, choice, inclusion and independence.
- People were supported to meet goals they set which included going on holiday within the UK and abroad.
- When people's needs changed, staff supported them in reviews with healthcare professionals to support the best outcomes possible for them.
- People were supported to gain confidence, and take positive risks, including visiting places or being involved with activities which would have previously not been possible due to anxieties.
- People were treated with kindness, respect and compassion. Staff had formed positive relationships with people.
- People used a variety of communication methods, which were understood by staff. Some people were supported in decision making with picture cards or photographs for references.
- People were supported to be as independent as possible. Staff worked with people to re-gain confidence and gain independence.
- People were involved in their care planning and reviews.

### Rating at last inspection:

At the last inspection the service was rated Good. (14 and 15 September 2016)

The home continued to meet the characteristics of Good in all areas.

### Why we inspected:

This was a planned inspection based on the rating at the last inspection.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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 House

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Laburnum House 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 did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager left the service in February 2019 and a new manager started in April 2019 and informed us they would be submitting their application to become the registered manager.

#### Notice of inspection:

This Inspection was unannounced.

#### What we did:

- Before the inspection, we reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the funding authorities.
- We assessed the information we require providers to send us to give key information about the service, what the service does well and the improvements they plan to make. We used this information to plan our inspection.
- We spoke with three people, and spent time observing staff with people in communal areas during the

inspection.

- We spoke with the supporting manager, manager, deputy manager, and three staff.
- We reviewed a range of records. This included two people's care records and medicine records.
- We reviewed records relating to the quality and management of the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of safeguarding process within the service, and showed us where they could find further information, including a whistleblowing number to call.
- When safeguarding concerns had been identified, staff and managers worked with healthcare professionals to improve their systems. For example, when a medicine error had been identified, managers reported this to the local authority safeguarding team. Staff were asked to complete medicines training, and their competency was assessed.

Assessing risk, safety monitoring and management

- People had individual risk assessments in place. For example, when people went into the community, or had a shower there was guidance in place for staff to support that person to remain as safe as possible.
- People were supported to take positive risks. Staff had worked with one person to increase their confidence and reduce their anxieties of being in big crowds, to enable the person to go to a pantomime during Christmas and visit the ballet. Staff told us, "For someone who doesn't like crowds or loud music they did so well."
- Environmental risks to people, staff and visitors had been assessed and minimised where possible. Health and safety checks were completed by staff, and regular fire safety checks were completed.

Staffing and recruitment

- There were enough staff to meet people's needs and keep them safe.
- We observed people receiving care in a timely way during our inspection. People who wanted to go out to take part in activities were able to do so, and those who chose to stay at home doing arts and crafts were supported by staff.
- Rotas were completed in advance and structured around the needs of people. For example, consideration was given to activities to ensure there were enough staff drivers on shift to take people out.
- Recruitment processes followed the provider's policy. All staff had their work history checked, along with references to check they were suitable to work with vulnerable people.

Using medicines safely

- Medicines continued to be stored, administered and disposed of safely.
- One person had been increasing their medicines gradually, as advised by their GP. Staff found when they reached the required levels the person acted out of character and reported this to the GP. The person was supported to reduce this medicine to a level where they no longer displayed the behaviour.
- Staff had medicines administration competency checks completed annually, or more frequently if they wanted refreshers.

### Preventing and controlling infection

- We observed people were involved in cleaning the service. One person told us it was their 'house day' where they cleaned their room and had independently stripped the bed without the support of staff.
- Another person enjoyed being involved in the cleaning of the service and was Hoovering during the inspection. The service was clean and well maintained.

### Learning lessons when things go wrong

- We reviewed accident and incident logs and found when things went wrong they were documented by staff. These were then reviewed by managers and senior managers to ensure action had been taken to reduce the likelihood of the event re-occurring.
- For example, a there had been a small fire in the service. Staff were able to successfully support people to evacuate, and the fire brigade were able to contain the fire to one room. Following this the provider requested a full fire survey be completed to ensure there were no further risks of fire at the service.

# 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

Good: 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 when they moved into the service. The assessment considered people's physical, emotional and dietary needs, and the manager focused on ensuring any potential new people were compatible with those already living at Laburnum House.
- People's protected characteristics were considered in line with the Equalities Act 2010, including disability, gender and religious or spiritual beliefs.
- Staff continued to review people's needs, taking action when things changed. One person had been identified by staff as needing increased support. Staff worked with commissioners to re-assess the person and implement increased support.

Staff support: induction, training, skills and experience

- New staff continued to complete the provider's induction programme, which included reviewing policies and spending time getting to know people. New staff who did not have a qualification in care completed the care certificate. The Care Certificate is designed for new and existing staff and sets out the learning outcomes, competencies and standard of care that care services are expected to uphold
- Staff told us they received regular supervision, and there was a supervision matrix on display in the office to evidence supervisions had taken place.
- The manager informed us that supervisions was an area they plan to focus on, so they can work alongside staff and identify any training needs.
- Staff received effective training, which they told us they enjoyed and learnt from. The speech and language therapist (SaLT) had delivered a training course on safe swallowing. When a person's swallow deteriorated staff made an appropriate referral to the SaLT team, who re-assessed the person and implemented guidelines for staff to follow. The SaLT told us, "Staff have been receptive, they have been asked to monitor and I feel confident they will do it."

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

- People were supported to eat and drink sufficient amounts, and told us they enjoyed the food they had.
- Some people had healthcare conditions which could cause them to gain excessive weight. One person had been effectively supported to manage their condition and reduce their weight.
- Some people were able to make drinks independently, and others were supported by staff to coach them through the process. People were encouraged to be actively involved in the planning and preparation of food.

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



- People had health action plans to take with them to hospital to support them to receive consistent support. Staff told us when a person had been in hospital, they stayed with the person to try to reduce any anxieties they may have.
- When people's needs changed, they were supported to access the relevant healthcare professionals. For example, one person had seizures for the first time since living at the service. Staff supported the person to be reviewed by a neurologist and have access to the epilepsy specialist nurse.

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

- People had personalised bedrooms, that they had been involved in decorating and designing. People's personalities and hobbies were clearly visible from their bedrooms.
- The service was spacious with wide corridors and different rooms to relax or socialise in. There were two lounges, and a large kitchen diner with access to a garden. During the summer months, parties and barbeques were organised to make the most of the outside space.

#### 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met and found they were. Five people had an authorised DoLS in place.
- Staff had a good understanding of the principles of the MCA and how to apply them. When people lacked the ability to make complex decisions about finances or health, individual MCAs had been completed along with best interest meetings when necessary.

# 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

Good: 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

- We observed that when people became anxious, staff knew how to support them, and reduce their anxieties. For example, one person wanted to see their family member, and mentioned this to staff. Staff reminded the person that their family wasn't able to visit that day but assured them they would support them to call their family member in the evening.
- Staff knew people well, and during the inspection we observed people laughing and joking with staff members.
- People were engaged with meaningful conversations with staff, including about their interests or discussions about their family members.

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

- People were actively involved in their care and reviews. One person was aware their review was due within the coming months, and asked staff if they would go for lunch with the person on the day, which they agreed, and shared a joke.
- From April 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.
- Some people were not able to communicate verbally. Staff spoke clearly to the person, and it was evident from their response to staff that they understood. When needed staff used picture cards to communicate with people, for example for food choices or activities.
- Most people were supported by their family when they had to make complex decisions about their care. However, there was information available for people and their relatives about advocate support. An advocate is someone who supports people to express their views and wishes and stands up for their rights.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. Some people chose to have keys to lock their rooms when they were not in use.
- People were supported to be independent. Following a hospital admission, a person lost confidence and needed more support than previously with personal care. Staff supported the person whilst encouraging them to do what they were able to do, and slowly the person re-gained their confidence.
- Staff told us there was a family feel to the service, that included people's families. Visitors were welcome at any time, and family attended regularly for social events at the service.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans that had been written in a person-centred way. Care plans were detailed and contained information about people's life histories and likes and dislikes.
- Care plans gave staff a guide on how best to support people, including how people preferred their care given and what was important to that person.
- Care plans and risk assessments were regularly reviewed and updated when people's needs changed as well as during reviews.
- Staff had received training in equality and diversity.
- Staff celebrated people as individuals. Staff spoke with us about the importance of each person's uniqueness and how they supported them to express their opinions about their care and treatment.
- Staff spoke with people about their interests and hobbies, which people enjoyed, smiling and laughing.
- People decided the activities they wanted to take part in on a weekly basis and reviewed them daily.
- People told us the previous day they visited a local city and showed us CDs they had purchased and spoke of what they had for lunch.
- People had individual personal goals they were working towards. One person wanted to go camping. They were able to talk through the steps they would take including travelling, and booking in.
- People told us they had been supported to go on holiday to Portugal and Ibiza. People told us of their enjoyment of going on the plane, and we saw photographs which showed people smiling, enjoying the holiday.

Improving care quality in response to complaints or concerns

- There had been no complaints logged since our last inspection.
- The provider had a complaints policy, along with an easy read complaints policy clearly displayed for people to access.
- Staff told us they would support a person to raise concerns or complaints, and people were asked regularly by their keyworkers if they had anything to raise.

End of life care and support

- No one was in receipt of end of life care at the time of our inspection.
- End of life care plans had been shared with people and their loved ones to complete. Managers told us this area would also be discussed during people's reviews, so staff had a good understanding of people's wishes.

# 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

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

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

- At the time of our inspection, there had been a recent change in management. The registered manager had left the service in February 2019; a new manager had started in April 2019 and intended to register with the CQC. The provider took action to ensure the service was well-led. The service was supported by an interim manager from January 2019 and a deputy manager who had been with the provider for 12 years.
- Staff told us the lack of a registered manager had not had a negative impact on the service, or the people they support. One staff told us, "The guys couldn't have been in a better position even if we had a manager. I think the staff team have been amazing. Well led doesn't apply to just management when it comes to this house as far as I am aware."
- A variety of audits were completed by the provider's quality improvement lead, and the management team. The role of the provider's quality improvement lead was to visit the provider's services, and look for areas where improvement is needed and work with staff to implement any changes. When areas of development were identified action plans were implemented and used as a tool for driving improvements.

Continuous learning and improving care; Working in partnership with others

- At our last inspection we identified care plans contained duplicate information, which could be confusing for staff, and take a long time for them to review or identify any changes to people's needs. At this inspection we found this had improved. Care plans were clearly written and without duplicate information. Staff told us this was an area they improved immediately following the last inspection.
- Staff and the management were working closely with healthcare professionals to improve people's care and meet their needs. On the day of our inspection the SaLT visited the service at the request of staff, and people had regular reviews with their GPs.
- Another person was supported to be reviewed by a physiotherapist. Staff learnt exercises to support the person to improve their mobility.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive culture within the service, with mutual respect between people and staff. Throughout the inspection we observed people to be content and comfortable in the presence of staff. People regularly went to the office to speak to staff and managers.
- Since our last inspection, people had been supported to develop, achieve goals and positive outcomes, for example going on holiday.

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

- People were engaged in weekly meetings where they made decisions about activities, food choices and goals.
- Quality assurance questionnaires continued to be sent to people, their relatives and staff, and used to drive improvements within the service.
- Staff had regular meetings where they discussed any changes to people's needs, any areas staff needed additional training or support. The new manager had identified that some staff wanted further training with epilepsy and was in the process of identifying how best they could support staff.