

ARMSCARE Limited

Laburnum Lodge

Inspection report

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Date of inspection visit:
19 April 2017

Date of publication:
22 May 2017

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 a residential care home for up to 22 people, some of whom may be living with dementia. This announced comprehensive inspection took place on 19 April 2017. At the time of the inspection there were 19 people in residence.

At our last inspection the service was rated as good. At this inspection we found the service remained good.

The service was safe because there were enough staff deployed who had been trained to make sure that people were protected from avoidable harm. Potential risks to people were managed well and medicines were given safely. Staff recruitment ensured that only staff suitable to work at this home were recruited.

The service was effective because staff received a thorough induction, followed by training and support that ensured they could do their job well. People were given enough food and drink and special dietary needs were met. People's healthcare needs were met by the involvement of a range of healthcare professionals.

The service was caring because staff treated people with kindness and compassion, respected people's privacy and dignity and encouraged people to be as independent as they could be. People living at the home and their relatives had warm, caring relationships with the staff. Visitors were welcomed.

The service was responsive because people were involved in planning the care they needed, which met their individual preferences. Some activities and entertainments were provided and staff were keen to improve in this area. People and their relatives knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

The service was well-led because there was a registered manager in post who provided good leadership and who was fully aware of further improvements they wanted to make. People, staff and visitors to the home were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

Further information is in the detailed findings below.

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 continues to be safe.

Is the service effective?

Good ●

The service continues to be effective.

Is the service caring?

Good ●

The service continues to be caring.

Is the service responsive?

Good ●

The service continues to be responsive.

Is the service well-led?

Good ●

The service continues to be well-led.

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 checked 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 comprehensive inspection included an unannounced visit to the home on 19 April 2017. The visit was carried out by one inspector and an inspection manager.

Prior to the visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. We asked for feedback from healthcare professionals who had regular contact with the service. We also contacted the commissioners of the service and the local safeguarding team.

In October 2016 the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection.

During our visit on 19 April 2017 we observed how the staff interacted with people who lived at Laburnum Lodge. We spoke with five people who lived there and two of their relatives. We also spoke with five members of staff: two care workers, a cleaner, the registered manager and the deputy manager. We looked at two people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines, accident and incident records, staff personnel files and staff training.

Is the service safe?

Our findings

People told us they felt safe. One person said, "Staff have never hurt me. I feel safe." A relative told us, "[Our family member]'s safe here, definitely. We have peace of mind. We know [name]'s well looked after...and not at risk."

Staff had received training in safeguarding and demonstrated that they were aware of their responsibilities to keep people as safe as possible from avoidable harm. Staff showed they would recognise abuse and would know how and to whom to report their concerns. The registered manager told us about a safeguarding matter, not related to the service provided by the home, that showed their competence in dealing with safeguarding concerns.

Assessments of any potential risks to people had been carried out and recorded. Risks included mobility, bed rails and pressure area care. Guidance for staff was in place in people's care records so that staff knew how to minimise risks to people without compromising their independence.

Care records showed that each person had a Personal Emergency Evacuation Plan (PEEP) in place. These were available in case they were needed, for example in the event of a fire. They gave the emergency services and the staff full details about each person's needs in an emergency.

There was a sufficient number of staff deployed to meet people's needs in a safe and timely way. One person told us, "I've only got to press the bell and they're there to help." The registered manager told us that additional staff were on duty if a person's changing needs meant that more staff were required. Staff had been recruited in a way that ensured only staff suitable to work in this care home had been employed. Appropriate pre-employment checks, including references and a criminal records' check had been completed before the new member of staff started work.

We found that medicines had been managed safely and that people received their medicines as they had been prescribed. Records of administration had been fully completed. Staff were aware of medicines that had to be given in a specific way and records showed that special instructions were adhered to. The administration of topical medicines such as creams was recorded correctly and all medicines were stored safely.

Is the service effective?

Our findings

People and relatives told us that staff did their job well. One relative told us, "Staff have definitely got the skills to look after [my family member]."

The registered manager described the induction undertaken by staff, which included training, and shadowing experienced staff, before being considered competent to work alone. Following induction, all staff had to undertake a wide range of training in topics relevant to their role. Training records confirmed that, since she was appointed, the registered manager had arranged training that staff needed to bring them fully up to date. One member of staff told us, "There's been more training with the new manager."

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 procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working within the principles of the MCA. We found that assessments of people's capacity to make decisions had been carried out and correctly recorded in their care records. When required, applications for DoLS authorisations had been made to the local authority. This told us that people's rights in this area were protected.

People were supported to have enough to eat and drink and were given choices for all their meals. People told us they enjoyed their food. One person said, "We do get very good food here...there are choices every day." Another person said, "The food is excellent. Food is very important to me. We always get a good selection at all meals – as much as you want."

People's nutritional needs were assessed and care records included information and guidance for staff on how to meet each person's needs. People were weighed regularly and any concerns about their weight were discussed with their GP. Referrals were made to the dietetic service and the dietician's advice was followed. The chef provided modified diets for people who needed them, such as diabetic diets or pureed food.

People were supported to maintain good health by a number of healthcare professionals who visited the home, such as the GP, community nurses, chiropodist and optician. Records showed that staff were good at asking for healthcare advice when people were not well. One person said, "Staff called the doctor straight away. So nice that they make sure the doctor's called when needed."

Is the service caring?

Our findings

People made very positive comments about the staff and about the care that they received. Their comments included: "Staff are very very good"; "I'm surprised at how calm the staff are. They are very very calm"; and, "Staff are marvellous." Relatives also made very positive comments. One relative said, "Staff are so pleasant, absolutely fantastic. All the staff are very friendly." Another relative told us, "Staff...love [my family member]. [Name]'s well-loved and well looked after."

A healthcare professional described staff as "caring and considerate." They told us that staff "go the extra mile especially with those on end of life pathways."

We saw that people and staff were comfortable in each other's company and had warm, caring relationships. One person said, "They [staff] turn the tears around with a hug and a kiss." Even though staff were busy they found time to stop and chat with people, including people who had decided to remain in their bedroom. Staff treated people with kindness and compassion and showed us that they knew each person well. A relative told us, "[Staff] know [name]. They make [name] comfortable and make sure [they are] well looked after if [they're] not well."

People told us that they were given choices and were able to make decisions about all aspects of their daily lives. One person said, "They always ask me if I'm ready for bed...we're not forced to do anything." Another person told us, "I sometimes choose to have my meal in my room."

Visitors were encouraged and made to feel welcome. Relatives knew they could visit at any time. One person's relative said, "I feel welcomed as a visitor. They really made me feel welcome, especially when [name] first moved in. It's been hard for us too." Another commented, "It's like home to home. They'll always make you a cup of tea and offer a biscuit."

Staff encouraged people to be as independent as possible and to do as much for themselves as they could. One person told us they did not need staff's help with their personal care and they were pleased to be able to make their own bed and keep their own room clean. They added that staff helped them get in the bath and then left them to bathe themselves, which they appreciated. However, when people needed assistance, staff were there to help. One person told us, "[There is] always someone to help me...they work very very hard – some of the hardest working people I've ever seen, and the kindest."

People were treated with respect by the staff, who ensured that privacy and dignity were maintained. We saw that personal care was offered discreetly and confidential information was stored securely. During the staff meeting the registered manager reminded staff about the importance of confidentiality and in particular about the dangers of social media.

Is the service responsive?

Our findings

The registered manager told us that an assessment of the person's needs was undertaken by one of the managers before the person was offered a place at the home. This was to ensure that the home had the facilities and staff to fully meet the person's needs.

The home used an electronic recording system. We saw that care plans were personalised and gave staff detailed instructions on all aspects of the care each person needed. For example, one person's care plan stated that the person liked their bedroom light to be turned off at night, but the en suite light left on. People and their relatives confirmed that they had been involved in planning the person's care.

Staff talked with the person and their relatives to find out as much as possible about the person's life history. This was recorded in the care records to assist staff in working with and understanding the person.

Some activities and entertainments were organised for people and there was a wall in the hallway covered in photographs of people enjoying a range of different events. We sat in on a staff meeting that was being held during the afternoon of our visit. During this the registered manager and the staff team discussed activities and all agreed that more were needed. Ideas of things to do, both those that had to be arranged and those that could be undertaken if staff had a few spare minutes were discussed. Staff made suggestions for additional equipment that would assist them to support people to follow their interests and keep occupied.

Some of the people we spoke with said they would like more to do. Relatives also mentioned this. One relative suggested "a few more activities, craft activities, cooking, drawing, jigsaws, music, singing... especially at weekends." Relatives wanted staff to take people out more. During the staff meeting, the registered manager praised one member of staff for the initiative they had used when they assisted one person to do some painting.

The provider had a complaints procedure, which was displayed in the home. The procedure was detailed in the home's brochure that each person received when they moved in. People and relatives told us they knew how and to whom to complain if they needed to. One person said, "I'd make a complaint to the office." One relative told us, "I have no complaints whatsoever, other than a bit more activity and to go out." Another relative said, "I'd feel confident to talk to the staff or the managers. Staff are always friendly and approachable."

Is the service well-led?

Our findings

Everyone we spoke with praised the service provided by Laburnum Lodge. One person said, "I'm glad I came here. I don't think I could get anything better. This is like home to home." Another person told us, "[Living here is] going very well. I'm quite settled down." A relative told us, "I don't see how they could do any better. I'm very happy. [Name]'s settled in incredibly well."

Staff told us they enjoyed working at Laburnum Lodge and they felt very well supported by the management. Their comments included, "I'm very happy working here; it's a nice little home. I'd be happy for a relative of mine to come here" and "I like working here, it's really nice."

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 had only been in post for a few months. They fully understood their responsibilities to the people living in the home, their relatives, the staff and all other stakeholders. They were aware that improvements to the service were still to be made. They explained that they had been making changes slowly in order to get the staff team "on board". Required records were maintained securely and notifications had been sent to the CQC as required by the regulations.

Good leadership was being shown by the registered manager, supported by the deputy manager. One member of staff said, "Things have improved with the new managers." The registered manager was encouraging staff to interact more with people. They were instilling in staff their belief that "it should be fun [for everyone]."

The registered manager explained they were using staff meetings to do some team building and encouraged staff to put forward their ideas. We saw this in practice on the day we visited. Staff told us the registered manager was approachable and that they could contact her at any time. One member of staff said, "Teamwork's really good and there's loads of communication." The registered manager was pleased to tell us, "Staff are pulling together and gelling as a team."

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.

The provider had a quality assurance process in place. People, their relatives, and professionals visiting the home were encouraged to put forward any suggestions for improvement. Meetings were held for people and their relatives. Questionnaires were given out for people to write down their views but the registered manager said that these were rarely returned.

The managers carried out a range of audits on various aspects of the service being provided. Actions plans

were put in place to address any issues found. For example, a recent maintenance audit had been undertaken and outstanding maintenance work had been identified. A plan was in place to rectify the shortfalls.