

Laburnum House (Shaw) Limited

Laburnum House Shaw Limited

Inspection report

Laburnum Avenue
Shaw
Oldham
Greater Manchester
OL2 8RS

Date of inspection visit:
27 June 2016
28 June 2016

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13 September 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 27 and 28 June 2016. Our visit on the 27 June was unannounced.

We last inspected Laburnum House in April 2014. At that inspection we found that the service was meeting all the regulations we assessed.

Laburnum House is a purpose built care home situated close to the centre of Shaw in Oldham. It provides accommodation for up to 34 people, some of whom have dementia. At the time of our inspection there were 31 people living at the home. Accommodation is provided in single rooms: 8 rooms have en-suite facilities, and is spread over two floors with access to the upper floor provided by a passenger lift. There are three lounges on the ground floor, with dining areas incorporated.

There is parking at the front of the home, and good-sized gardens with wheelchair access which are laid with lawn and flower beds. There is a paved seating area outside with garden furniture.

When we visited the service a registered manager was in place. 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.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines management, staff training, infection control and governance systems. You can see what action we told the provider to take at the back of the full version of this report.

Although we saw that medicines were administered safely, there was not a robust system in place to ensure that the application of medicinal creams was recorded correctly.

Although staff had undertaken a variety of training to ensure they had the skills and knowledge required to care for people, we found that not all staff were up-to-date with their annual mandatory training, such as infection control and safeguarding vulnerable adults. Staff received regular supervision which helped the registered manager monitor the standard of care provided by staff.

We saw that some staff did not always follow good infection control practices, as they wore long-sleeves at work and some staff wore jewellery, which may harbour bacteria. There was an unpleasant smell in the main lounge which the registered manager told us came from the carpet. We recommend that the service take steps to replace the carpet in this room.

Recruitment checks had been carried out on all staff to ensure that they were suitable to work in a care setting with vulnerable people, and we found that there were sufficient numbers of staff on duty to care for people living at the home.

The building was well-maintained and environmental checks of the home were up-to-date.

People were supported to eat and drink sufficient amounts to meet their needs and they told us the quality of food was good. A variety of activities were available for people to participate in.

People who used the service were unable to participate in any religious service in the home. A death in the local clergy had meant their regular visits to the home had discontinued. We recommended that the home take steps to re-establish contact with the local faith community so that people who use the service could be supported to actively express their faith if they wished. Subsequent to our inspection we were informed that a priest had visited the home on two occasions and conducted services and that this was to become a regular occurrence.

People we spoke with were complimentary about the staff and we saw kind and caring interactions between staff and people who used the service. People's support plans were 'person-centred' and were reviewed regularly.

People were supported to maintain good health and where needed specialist healthcare professional were involved with their care.

The home had a supportive and approachable management team, including a registered manager and a deputy manager.

Systems were in place to monitor the quality of service delivered at the home. However, they had not identified where there had been failings in infection control, medicines management and training.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Some staff did not always observe good infection control practices.

Robust systems to record the administration of medicinal creams were not in place.

Staffing levels were sufficient to meet the needs of people using the service and promote their well-being.

There were recruitment procedures and checks in place to ensure that staff were suitable to care for vulnerable adults.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Some staff were not up-to-date with their annual mandatory training.

Systems were in place to ensure that staff received regular supervision.

People were provided with a choice of suitable nutritious food and drink and this ensured that their nutritional needs were met.

People's rights were protected because the Mental Capacity Act (MCA) 2005 Code of Practice was followed when decisions were made on their behalf.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff and we observed caring and kind interactions between staff and people who used the service.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

Support plans and risk assessments were 'person-centred' and were reviewed regularly to ensure that the needs and preferences of people using the service were met.

A variety of activities were available for people who used the service to take part in.

People were given information about how to make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

There was a registered manager in place.

Staff we spoke with told us the management team were approachable and supportive.

There were systems in place to monitor the quality and standard of service provided. However, the systems had not identified where there had been failings in infection control practices, medicines management and training.

Laburnum House Shaw Limited

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.

The service met the regulations we inspected at our last inspection in April 2014.

This inspection took place on the 27 and 28 June 2016. Our visit on the 27 June 2016 was unannounced.

The inspection was carried out by one adult social care inspector. Prior to the inspection we reviewed information held about the service, including the notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us without delay. We reviewed the inspection report from the previous inspection and contacted the Local Authority (LA) to ask them if they had any concerns about the service, which they did not. We also reviewed information submitted to us by the provider in the 'provider information return (PIR)'. This document asks the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

Some of the people living at the home were unable to give their verbal opinion about the care and support they received, as they suffered with dementia. Therefore we examined people's care records and observed care and support being provided to them in communal areas, to capture their experiences.

During our inspection we spoke with one person who used the service, four visitors, the registered manager and deputy manager, two care staff, two visiting healthcare professionals and the cook.

We looked around the building, observed how staff cared for and supported people, reviewed support plans and looked at other information such as risk assessments, which helped us assess how people's care needs were met.

We spent time observing a lunchtime meal and watched the administration of medication to check that this was carried out safely.

As part of the inspection we reviewed four people's care records, including their support plans and risk assessments. We looked at four staff files, which included their recruitment checks. We also reviewed other information about the service, such as its quality assurance records, staff rotas, complaints, policies and maintenance records.

Is the service safe?

Our findings

We looked at the arrangements the home had in place for the prevention and control of infection. Toilets and bathrooms contained an adequate supply of soap and paper towels and posters showing the correct hand washing procedure were prominently displayed. We observed that staff used personal protective equipment (PPE), including disposable vinyl gloves and plastic aprons correctly. However, two staff were observed to be wearing long-sleeved cardigans and jewellery such as bracelets and rings, when delivering care to people who used the service. Department of Health guidelines on the prevention and control of infection in care homes advise that care staff should wear short-sleeved uniforms, as cuffs can become contaminated with bacteria. In addition, short sleeves enable staff to adopt good hand hygiene practises. Jewellery can harbour microorganisms, can reduce compliance with good hand hygiene and may cause damage to the frail skin of people who use the service. However, at the time of our inspection no one using the service had damage to their skin caused by jewellery.

We observed several staff using a table to sit on while supporting a person who used the service, rather than sitting next to them on a chair. This meant there was the potential that bacteria on the surface of their uniforms might be transferred to the table and contaminate it. Subsequent to our inspection we were informed this table was replaced by a chair.

Around 30% of the total staff working at the home had not completed their annual mandatory infection control training.

These failings in the prevention and control of infection were a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment: assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated.

We inspected the systems in place for the storage and management of medicines. Medicines were stored in a treatment room which was clean and tidy and contained two medicine trolleys, one for the day and the other for night medication. The treatment room also contained the controlled drug cupboard. Some prescription medicines are controlled under the Misuse of Drug legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm.

The temperature of the treatment room and medicine fridge were checked daily to ensure that medicine was stored at the correct temperature, and our observations of recent temperature recording sheets confirmed this. We saw that a list detailing the names of medicines that needed to be stored in the fridge was on display, which helped to ensure that they were stored correctly.

We observed the morning administration of medicine and saw that it was carried out safely by people who had undertaken the appropriate training. Staff who were administering medicines wore tabards to indicate that they should not be disturbed during the medicine round. This helped to minimise the risk that they

might be distracted and inadvertently make a drug error. We looked at five Medication Administration Sheets (MARs) and saw that they had been completed correctly. Where people were receiving medication 'as required' and there was a variable dose, such as painkillers, where one or two tablets could be given, we saw that the dose given was recorded correctly.

We looked at the system that was used to record the application of topical medication, such as creams. Details of the name, dose and directions for application of the creams were recorded on the MAR sheet and also on a separate 'cream' chart. However, we saw that there were discrepancies between these records and that where it was indicated on the MAR sheet that a cream had been applied, this had not always been recorded on the cream chart. We also found that body maps were not always used to identify the location on the person where the cream should be applied. We looked at an audit undertaken by the provider in June 2016 which indicated that creams had not been signed for correctly on several occasions and body maps not used. For example, we saw records that stated a person should have had a cream applied three times per day, but it had not been recorded three times per day on the cream chart. Another person had been prescribed a cream to be applied twice a day, but they did not have a cream chart in place. This meant that we could not be sure that people who used the service were receiving topical medication appropriately and as prescribed by their General Practitioner (GP).

This was a breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment: the proper and safe management of medicines.

We inspected the kitchen and saw that food was being stored correctly, that the kitchen was clean and that the fridge and freezer temperatures were monitored daily. These procedures helped to minimise the risk of food contamination. A 'Food Standards Agency' inspection had been carried out in February 2016 and the home had been awarded a rating of 4, with 5 being the highest rating.

We looked around all areas of the home and saw the bedrooms, toilets and bathrooms, communal areas and kitchen were clean and well-maintained. One visitor commented "the home is clean and their bedroom is tidy", and another visitor said "the room is spotless". During our inspection we noticed that there was an unpleasant odour in the main communal room, which was the combined dining room and lounge. We brought this to the attention of the registered manager, who explained that she believed this to be coming from the carpet. She told us that a deep clean of the carpet had been carried out in an attempt to dispel the odour, but this had not solved the problem. The registered manager commented that she would be approaching the Registered Provider with a view to replacing the carpet.

We recommend that the home take steps to ensure that the carpet is replaced as soon as possible.

The home employed cleaning staff seven days a week and on two days of each week there were two cleaning staff on duty. The daily, weekly and monthly cleaning schedules we checked had all been appropriately completed.

Maintenance checks on equipment, such as the passenger lift and emergency lighting were up-to-date which helped to ensure the safety of people living, working and visiting the home was maintained.

People who used the service told us they felt Laburnum House was a safe place to live. One relative said "Yes I feel she's safe in here", and another person said "It has meant so much to us knowing she was in a safe place being well looked after". Although not all staff were up-to-date with their 'Safeguarding Vulnerable Adults' training, those we spoke with were able to tell us how they would recognise signs of abuse and how they would go about reporting it.

We looked at staff recruitment and saw that people employed by the home had been through a thorough recruitment process. We inspected four staff personnel files and found that they contained all the relevant documentation, including reference checks and confirmation of identification. All staff had Disclosure and Barring (DBS) criminal record checks in place. These help the manager to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

We reviewed the care files of four people living at the home and saw that risks to people's health, such as the risk of falls and the risk of malnutrition had been assessed and appropriate information to help staff minimise the risks written in their support plans. We saw evidence that risk assessments were reviewed monthly.

There were systems in place to protect staff and people who used the service from the risk of fire. People who used the service had a personal evacuation escape plan (PEEP), which explained how each person would be evacuated from the building in the event of an emergency. A copy of the plan was kept in each person's care file, and in their bedroom.

The majority of people we spoke with felt there were enough staff to meet the needs of the people living at the home and our observations during the inspection confirmed this. One relative we spoke with commented "There seem like loads of staff". However, another person we spoke with said that when their relative had requested help to go to the bathroom recently, there had not been any staff readily available. They added that they did not think that this was a regular occurrence. Two people commented to us that sometimes when they arrived at the home it took staff five to ten minutes to answer the door. We asked the registered manager about this and she said that if this happened it was because staff were attending to the needs of people who used the service. The home had taken on five new carers and an apprentice the previous year through the 'Get Oldham Working' scheme, which helps to find local workers for businesses, and now had a stable workforce. They did not employ agency staff, but regular staff took on extra shifts that became available when colleagues were on sick leave.

Is the service effective?

Our findings

We saw that newly recruited staff had undertaken a 12 week induction programme which was the 'Care Certificate', a national qualification, which when completed demonstrates staff have the skills and knowledge to provide care and support. The programme included a variety of training such as manual handling, safeguarding vulnerable adults and health and safety, information about the home's policies and values, training on topics such as dignity, promotion of continence and care of pressure areas and a period of 'shadowing' where they worked alongside more senior staff, gaining experience and being observed caring for people who used the service. After they had successfully completed their induction, which was their probationary period, they were enrolled onto the National Vocational Qualification (NVQ) level 2 programme in Health and Social Care. This training ensured staff had the skills necessary to care for people living at the home.

Staff had undertaken a variety of computer based and face-to-face mandatory training, such as Moving and Handling, Health and Safety and Infection Control. Some staff had also undertaken additional training in dementia care and epilepsy. Three staff were booked to attend a course in nutrition in dementia care in July 2016 and three staff were due to undertake a 'Train the Trainer' course in Moving and Handling, which would give them the skills to train their colleagues.

We looked at the staff training matrix which provided the service with a method of recording when staff had undertaken training and helped to identify when it is overdue. We saw that there were several areas where staff were overdue with their annual mandatory training. For example, 15 of the 35 staff had not undertaken infection prevention and control training for over a year and 11 staff had not undertaken recent training in safeguarding vulnerable adults. Thirteen staff had not undertaken training in the theory of fire safety, and 14 staff had not received training in Deprivation of Liberty Safeguards (DoLS).

This was a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff should receive appropriate training to enable them to carry out the duties they are employed to perform.

The registered manager told us that where staff were identified as being behind with their mandatory training and had not responded to requests to undertake it, a disciplinary process was instigated. We saw that this process had been started in a number of cases.

Supervision meetings were held every two months and followed a set pattern, where staff discussed their individual training requirements and any problems they may have experienced with their work. An action plan was written at the end of each meeting. In addition, the registered manager carried out 'spot checks' to observe staff delivering care at different times of the day and night. This enabled her to monitor the standard of care being given to people who used the service.

People living at Laburnum House told us they were happy with the quality of food. One person said "The food is very good" and a relative said "The food is amazing", adding that if she visited during mealtimes she

was offered a meal herself. The home operated a four-weekly menu cycle, which offered people a variety of freshly prepared food. People could have a cooked breakfast if they wished and the main hot meal of the day was served at teatime. A lighter meal, for example, of soup and sandwiches was served at lunchtime. An alternative choice of food was available to those people who did not like the meal that had been prepared. Picture versions of the menu were available for those people who had difficulties understanding the written word, to help them choose which meals they would like. The kitchen staff kept a record of the food choices people made and whether or not they had liked the meal. This helped them plan the menus and provide meals that were popular.

We observed the lunchtime meal. Some people chose to eat in the dining area of the communal lounge, where the tables were laid with tablecloths and condiments, while others chose to remain in their easy chairs. We observed people chatting to each other during the meal and the atmosphere was pleasant and unrushed. Several people required support with eating and we observed that there were sufficient staff available to help them appropriately.

We saw that people had their weight regularly monitored, according to their level of need and that staff knew how to fortify meals to increase the calorific content for those people identified as being underweight. Referrals to a dietician had been made appropriately. One person commented that their relative, who had been losing weight when they lived at home, had put on weight since she came to live at Laburnum House.

The Mental Capacity Act (2005) provides a legal framework for making particular decision 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 own best interests and as least restrictive as possible. Although staff had not received specific training on the Mental Capacity Act 13 staff had received DoLS training and staff we spoke with demonstrated an understanding of these areas. Through our observations we saw that staff asked people for their consent before undertaking any care with them.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests. At the time of our inspection the registered manager informed us that there were five people with a DoLS in place and a further three applications were awaiting authorisation by the local authority.

People who used the service had access to a range of healthcare professionals, such as district nurses, care home liaison nurse, and general practitioners (GP). People's health needs were monitored by staff and any changes acted upon promptly. We spoke with two healthcare professionals who were happy with the care people who used the service received. The district nurse who was visiting to administer insulin told us that people were always referred promptly to their service and that she had "no concerns at all" about the home.

The home had several communal areas which provided comfortable and pleasant areas for people who used the service to spend time in. People were encouraged to decorate their bedrooms with personal effects, such as furniture, photographs and pictures to help them feel at home. The home had a well-maintained garden with a large lawn and an area for wheel chair access, with garden furniture, and flower pots.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff working at Laburnum House. One person who used the service said "They are very good at their job" and a relative commented "I'm happy with the way she's looked after". We read some recent 'thank you' cards. One said "Thank you so much for everything you do for my Dad. You are all so kind and thoughtful. I couldn't imagine him being cared for by anyone better". Other cards said "Just to thank you for the devoted and loving care you gave to (the person) over the last 16 months" and "Thank you for all the care and love you gave to (the person) during his time with you – words will never be enough to thank you".

People who used the service looked well cared for: their clothes and appearance were well kept and clean and we saw that staff took positive steps to help people maintain their appearance. We heard one carer say to a person who had spilt food on themselves during their meal "Let me get you a clean cardie". They went on to wipe the person's hands after their meal and then asked them, "Are you feeling a bit better now?". We overheard another carer ask someone "Would you like your nails painting? One visitor we spoke with said about her relative "She is always well dressed".

During our inspection we observed how staff spoke to and interacted with people who used the service and saw that people were treated with kindness and that staff had a caring and considerate manner. We saw many examples of positive interaction between staff and people who used the service. For example, we saw a carer sitting next to a person holding their hand and quietly attempting to engage in conversation with them. We saw a carer walking arm-in-arm with a person as they walked to the dining room. They did this patiently and went at the pace of the person and talked to them as they went along, saying "What do you fancy for your breakfast?". We saw a member of staff and a person who used the service dancing together and laughing.

Staff received training on dignity and respect during their induction programme and from our observations we saw that staff put what they had learned into practise. For example, we saw a member staff asking people quietly if they required pain-relief, rather than speaking in front of others. This helped to protect the person's privacy. We observed staff using a mechanical hoist to transfer a person who was unable to stand and this was done in such a way as to protect the person's dignity. Staff spoke encouragingly to the person during the procedure in order to put their mind at ease. We saw a comment in a 'thank you' card which said "You gave her lots of love and laughter and her dignity was never compromised".

Staff undertook some basic training on 'end of life care' during their induction programme. We asked the registered manager what processes were in place to help care for people approaching the end of their lives. She told us that where possible she spoke with the person and their family in advance to ascertain their wishes and plan the care that would be appropriate for them.

Staff had an understanding of equality and diversity and of the importance of respecting people's different religious beliefs and cultures. We asked the registered manager how people were supported to practise their faith. She told us that until six months ago a Church of England service was held fortnightly for those people

who wished to receive communion, but due to the death of one of the local clergyman, this had discontinued. One relative we spoke with expressed disappointment that this service was no longer available. We recommended that the home take steps to re-establish contact with the local faith community so that people who use the service could be supported to actively express their faith if they wished. Subsequent to our inspection we were informed that a priest had visited the home on two occasions and conducted services and that this was to become a regular occurrence.

People were free to visit the home at any time and we observed that visitors were made to feel welcome. A banner displayed in the window of the entrance porch said "Welcome to our home". A comment we read in a 'thank you 'card said " I will never forget you, not only for the care you gave (the person), but for your kindness towards me", and another card said " A welcome always awaits friends or family of people who reside here".

Is the service responsive?

Our findings

Prior to moving into Laburnum House a pre-admission assessment was carried out by a senior staff member. People were also invited to visit the home prior to finalising their decision, which enabled people to make an informed choice as to whether or not the service could meet their individual needs.

We reviewed the care records of four people living at the home and saw that they were 'person-centred' and contained descriptions of each individual person's care needs and how they should be managed by staff. Documentation included "My life story", risk assessments for malnutrition and manual handling and other completed charts, such as Malnutrition Universal Screening Tool (MUST) score, waterlow score and people's weight. The MUST score helps to identify people who are malnourished, at risk of malnutrition or obese. One of the healthcare professionals we spoke with told us that the home was managing people's weights satisfactorily in order to prevent malnutrition. The waterlow score gives an estimated risk for the development of a pressure sore and is used as part of a prevention strategy. No one at the home had a pressure sore at the time of our inspection.

From our observations during the inspection and conversations with staff we saw that staff knew the people they were caring for and tailored their care to each individual. One healthcare professional said "Staff know what's going on". All people who used the service had a 'key worker'. The key worker was responsible for helping ensure that the person had everything they needed in terms of personal toiletries and clothes.

Information about any changes in a person's health or care needs were communicated between staff at a 'handover meeting' which took place at the changeover of each shift. This ensured that staff were kept up-to-date on the wellbeing of people who used the service.

There were a variety of regular activities available for people living in the home and these included organised activities, such as armchair aerobics and cookery and special events, such as a recent summer barbeque. The registered manager told us that they tried to provide activities that people who used the service requested. During our inspection we saw people sitting together playing dominos, and others were reading newspapers. People who used the service were also able to visit a local pub and café. The home had recently taken part in a 'living eggs' project and had incubated and hatched chicks. The chickens were now looked after by the staff and we saw people who used the service enjoying watching them roam in the garden.

The home had a complaints procedure which was displayed in the entrance porch to the home, along with a complaints and suggestions book. The home had received few complaints, but we saw that those they had, had been responded to appropriately. People we spoke with told us they would speak to the registered or deputy manager if they had any complaints and that they were confident their concerns would be taken seriously. One person said "If I have any problems they are dealt with straight away".

Is the service well-led?

Our findings

At the time of our inspection the home had an experienced management team. The registered manager, who was a qualified nurse and teacher, had been in post for a year and in addition to managing Laburnum House, was employed by Bloom Care, the provider, as a general manager. This role involved overseeing the running of several other homes, although the majority of her time was spent at Laburnum House. The home also had a deputy manager, who had worked at the home since 2008. She assisted with the day-to-day management of the home and was in the process of undertaking her NVQ level 5 management qualification. The registered manager commented "We work well together". The home had an "Investors in People" accreditation. Investors in People provide a best practice people management standard and offers accreditation to organisations that adhere to the Investors in People framework.

During the course of our inspection we saw that both the registered manager and deputy manager spent time working alongside other staff and were involved in 'hands on' care. The registered manager told us that they undertook a tour of the home twice a day so that they could oversee care delivery and identify any problems staff were experiencing. Staff we spoke with valued having managers who were 'visible' and approachable and who spent time with people who used the service and their relatives. One carer commented "The managers are helpful" and another person said "We can knock on their door anytime".

The registered manager was keen to develop a work environment that was supportive and motivating for staff and fostered close relationships with the local college through the apprenticeship scheme and through the use of volunteers. She told us "I like to develop staff". Some staff were in the process of applying for 'access to nursing' courses. The home had taken part in Oldham Council's 'Get Oldham Working' scheme, which aimed to help local people find employment within the town. It had recruited five carers and an apprentice through this scheme.

We saw evidence that staff meetings were held regularly, which helped to improve communication and ensured that staff felt valued as members of a team.

Accidents and incidents were logged and reviewed to make sure that risks to people were minimised and notifications of incidents occurring at the home had been made to the CQC appropriately and in line with their registration requirements. The home had a range of policies in place. However some of these had not been updated since 2007. We recommend that the home take steps to update their policies and procedures.

We saw that there were systems in place to monitor the quality of the service provided at Laburnum House. Along with internal audits, the Operations Director for Bloom Care carried out a 'Directors Monthly Audit', which looked at the quality of care planning, medication administration, maintenance of the building and environment, staffing and training. Where problems were identified this information was passed to the registered manager for her to take appropriate action. However, despite audits being carried out in the home, during our inspection we identified issues with the correct recording of topical creams, infection control and training, which meant the home's governance systems were not robust enough to identify

issues and resolve them in a timely manner, to ensure the delivery of the highest standard of care to people who used the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

People who used the service and their relatives were encouraged to comment on the quality of service provided by the home in an annual survey, which asked people to rate the home's performance in a number of areas such as attitude of staff, fabric and maintenance of the home, cleanliness of the home and the activities on offer. Results of this year's survey showed that most areas had been rated excellent or very good.

We talked to the registered manager about future developments for the home and she told us work was soon to start on the construction of a 10 bed dementia unit. The home was in the process of recruiting a 'clinical lead' who would be in charge of the overall management of this new unit.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Some staff did not adopt good infection control practices. There was not a robust system in place to record the administration of medicinal creams.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems were not robust enough to identify issues and resolve them in a timely manner.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Some staff were not up-to-date with their annual mandatory training.