

Laburnum House (Shaw) Limited

# Laburnum House Shaw Limited

## Inspection report

Laburnum Avenue  
Shaw  
Oldham  
Greater Manchester  
OL2 8RS

Tel: 01706847846

Date of inspection visit:

22 August 2017

23 August 2017

Date of publication:

13 January 2020

## 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

We inspected Laburnum House on 22 and 23 August 2017. The inspection was unannounced.

We last inspected Laburnum house in June 2016 where we found breaches of three of the Regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to medicines management, infection control and governance of the service.

Following the inspection the provider sent us an action plan which showed how the breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

During this inspection, we found improvements had been made. We made one recommendation. This was in relation to privacy and confidentiality.

Laburnum House is registered to provide personal care and accommodation for up to 34 people. There were 28 people using the service at the time of this inspection. Laburnum House is a purpose built care home situated close to the centre of Shaw in Oldham. Accommodation is provided in single rooms spread over two floors, with access to the upper floor provided by a passenger lift and stair lift. There are three good-sized communal areas on the ground floor. There is an area for parking at the front of the home and an enclosed garden to the rear.

The home had a manager who was currently going through the process of registering with the CQC. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Since our last inspection in June 2016 the previous registered manager had left and a new manager had taken up the position in May 2017. They were in the process of registering with the CQC to manage the service.

The home was clean and free from any unpleasant odours. The communal areas were well maintained and decorated to a high standard. Procedures were in place to prevent and control the spread of infection. Environmental checks of the home, such as for the gas and electricity supply were up-to-date.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

Medicines were stored safely and were administered by staff who had received appropriate training and been assessed as competent to safely administer medicines.

Staff had undertaken training to provide them with the skills and knowledge required for their roles. They received regular supervision and an annual appraisal.

Staff encouraged people to make choices where they were able to and sought consent before undertaking care. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People were happy with the choice and quality of food. Where people were found to be at risk of malnutrition they had been referred to a dietician for specialist help. People had good access to other health professionals when needed.

People were complimentary about the caring nature of the staff and our observations during the inspection confirmed this. Care plans, which were reviewed regularly, were detailed and reflected the needs of each individual.

There were a range of policies available for staff to refer to for guidance on best practice. Systems were in place to monitor the quality of the service and drive improvement.

## 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 is safe.

Arrangements were in place to safeguard people from harm. Staff had been trained in safeguarding and were aware of their responsibility to report any possible abuse.

The environment was clean and well-maintained. Procedures were in place to prevent and control the spread of infection.

The recruitment process was robust. This ensured staff were safe to work with vulnerable adults.

The service had arrangements in place to manage medicines safely.□

### Is the service effective?

Good ●

The service is effective.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff were provided with the opportunity to discuss their progress at work through regular supervision and annual appraisals.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

Good ●

The service is caring.

People were complimentary about the staff. We saw 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 is responsive.

Care plans were detailed and were reviewed regularly to ensure they were up-to-date.

The service had a system in place for receiving, handling and responding to complaints.

Activities were available for people to participate in. The service had recently appointed an activities coordinator.

### **Is the service well-led?**

The service is well-led.

There was a manager who was in the process of registering with the Care Quality Commission. However, this process was not yet complete.

There were systems in place to monitor the quality of care and service provision at the home.

**Good** ●

# 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.

This was an unannounced inspection which took place on the 22 and 23 August 2017. The inspection was carried out by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service or caring for someone who uses this type of care service.

Before the inspection we reviewed information we held about the service. This included the previous inspection report from our last inspection in June 2016 and the provider information return (PIR). A PIR is a document that 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. We also reviewed the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority and Healthwatch to ask if they had any concerns about the service, which they did not. Healthwatch is an independent national champion for people who use health and social care services.

During our visit we spoke with the manager, deputy manager, three carers, eleven people who lived at the home and the relatives of two people who lived at the home. We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, and the garden. We spent time observing a lunchtime meal and watched the administration of medicines to check that this was done safely.

As part of the inspection we reviewed the care records of four people living in the home. The records included their care plans and risk assessments. We reviewed other information about the service, including records of training and supervision, three staff personnel files, maintenance and servicing records and quality assurance documents.

# Is the service safe?

## Our findings

One relative said 'It's a good home; she is safe and well here; I can sleep at night'. The service had a safeguarding policy to guide staff on best practice and staff we spoke with understood the signs of abuse and the procedures to report any concerns they might have about people's wellbeing. One carer told us 'I've never seen any bad practice' and another said 'It's all about putting people first'. There is currently an ongoing investigation by the council in respect of the care provided to one person who lived at the home which has yet to be concluded. The findings and outcome of the investigation will be considered by ourselves when concluded.

Staff employed by the service had been through a thorough recruitment process. We reviewed three staff personnel files and found that they contained all the relevant documentation, including application forms, interview questions, reference checks and photographic confirmation of identification. All staff had Disclosure and Barring Service (DBS) criminal record checks in place. These help the provider 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. There is no official expiry date for a DBS and any information included is only accurate at the time the check is carried out. To ensure the information held on record was up-to-date all staff submitted an annual DBS declaration stating that their DBS record had not changed.

We looked round all areas of the home to check on the maintenance and cleanliness of the building. We saw that environment was clean and free from unpleasant odours and the corridors and communal rooms were well-maintained and decorated to a high standard. Cleaning schedules were completed by the domestic staff and those we checked showed that cleaning had been carried out. During our last inspection in June 2016 we noticed there was an unpleasant odour coming from the carpet in the main communal room, despite a recent 'deep clean'. We recommended that the home replace the carpet as soon as possible with suitable flooring and at this inspection we saw that this had been done. We viewed two bedrooms which were of a good size and nicely decorated. However, one bedroom we looked at was in need of redecoration and refurbishment. Some of the wallpaper was peeling off, several tiles around the sink had come off and the furniture looked old and worn. The registered manager told us this room had been scheduled for redecoration.

At our last inspection in June 2016 we identified a breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was in relation to the prevention and control of infection.

At this inspection we did not observe any poor practice in relation to the prevention and control of infection and the requirements of the regulation were being met.

Staff used the appropriate personal protective equipment (PPE), including disposable gloves and aprons when carrying out personal care and handling food. Toilets and bathrooms had adequate supplies of liquid soap and paper towels and displayed handwashing posters. All but one of the toilets and bathrooms had pedal bins, which enabled staff to dispose of soiled items without contaminating their hands. One bathroom



had a swing bin, which we asked to be replaced. There was a notice board dedicated to infection control with information for staff to follow.

The kitchen had achieved a rating of five stars at the last environmental health inspection in February 2017, which meant food ordering, storage, preparation and serving were safe. We inspected the kitchen and found it to be clean and tidy and the cleaning schedules and records of fridge and freezer temperatures up-to-date. All opened food stored in the fridge was covered and a 'use by date' label applied. This minimised the risk of food becoming contaminated.

We saw that the home was secure. The entrance was kept locked and people could not enter the building without being let in by a member of staff. This ensured staff were aware of who was in the building at any time. There were no restrictions on people's movements within the building apart from in areas where it may not be safe, such as the laundry, kitchen and sluice. These rooms were secured by a keypad.

All checks and servicing of equipment, such as for the gas and electricity, passenger lift, portable appliance testing (PAT), and hoist were up-to-date. This showed equipment was well maintained and safe to use.

People who used the service had a personal emergency evacuation plan (PEEP) in place which explained how they would be evacuated from the building in the event of an emergency, and contained information about their mobility and any communication problems. These were reviewed every three months, or more frequently, if a person's needs changed. There were systems in place to protect staff and people who used the service from the risk of fire. A recent fire risk assessment had been carried out. Fire drills were held every month and records kept of the staff response time. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection.

At our last inspection in June 2016 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. This was in relation to the recording of topical medicines. At this inspection we found the problem had been rectified and the service was no longer in breach of this regulation.

We inspected the systems in place for the storage and management of medicines. The service had a clean and tidy medicines room, which was locked by a keypad. This ensured the medicines trolleys were kept secure. The medicine's fridge temperature was recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy. Records we checked showed the temperature was consistently within the appropriate range. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were securely stored and the stock balance checked daily to ensure it was correct.

We observed a lunchtime medicines round and saw that this was carried out safely by people who had been trained and deemed competent in medicines administration. We reviewed the Medicines Administration Records (MARs) which contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Those we reviewed had been completed correctly which indicated that people had received their medicines as prescribed.

Inspection of the staff rota showed that, in addition to the registered manager and deputy manager, there was a senior carer and three care staff on duty through the day and one senior carer and two care staff at night. The manager told us this was sufficient to meet the needs of the current number of people living at the home. However, if occupancy increased more care staff would be rostered to provide additional

support. In addition to the care team, the service employed a maintenance person, two kitchen staff, an activities coordinator, two domestic staff and a person who worked in the laundry. This meant there were sufficient staff to ensure the smooth running of the home.

People we spoke with felt there were enough staff to meet the needs of people living at the home. One person commented "The staff are always around if you need them". No agency staff were used, as regular staff picked up extra shifts to cover for gaps in the rota caused by unexpected absences. This ensured that people were cared for by a consistent staff team who were familiar to their support needs. From our observations during the inspection we saw that requests for assistance were responded to promptly and that there were sufficient staff available to meet people's needs.

The care records we looked at showed that risks to people's health, such as poor nutrition, falls and pressure sores had been assessed and where needed plans put in place to help minimise the identified risks.

# Is the service effective?

## Our findings

All new staff received a 12 week induction programme which provided them with the necessary skills and knowledge to safely care for people. The programme covered a wide range of topics, including respect and privacy, moving and handling, confidentiality, personal care, nutrition and dying and bereavement.

Staff undertook a variety of training which enabled them to carry out their roles effectively. Training, which included safeguarding, health and safety, infection control and fire safety was predominantly computer based, although the practical aspects of moving and handling training were carried out face-to-face.

At our last inspection in June 2016 we identified a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because some staff had not completed their annual mandatory training. At this inspection we found that training was up-to-date. Therefore the service was no longer in breach of this regulation.

Supervision meetings provide staff with an opportunity to discuss their progress and any learning and development needs they may have. We checked the provider's supervision policy which had been introduced in March 2017. This stated that staff supervision should take place every three months. The new manager had commenced her role at the home in May 2017 and had identified supervision as being an area that needed improvement. We saw from the supervision matrix provided to us that staff were receiving supervision and an annual appraisal.

We received positive feedback in relation to the food provided at the home. Comments included "It's really good food" and "They get a good choice of food". One relative said "I have tasted the food; it's good. My wife never leaves anything". One person told us "I get asked what I want for all my meals. She comes round to ask". During our inspection we observed a member of the kitchen staff asking people their choices for the day's meals.

We observed a lunchtime meal. The tables were nicely laid with table cloths, napkins and condiments and there was a pleasant unhurried atmosphere, with enough staff to help those people who needed assistance with eating. The meals looked hot and appetising and were well presented. People were offered a choice of main meal and dessert and second helpings were provided. We also observed afternoon tea, which people were encouraged to take in the Café area in the conservatory. A choice of home baked cakes and pastries were provided and people appeared to enjoy themselves. We overheard one person asking for hot buttered toast as they did not like cakes, and this was provided for them.

People were weighed monthly or weekly if they were deemed to be at risk of malnutrition. The deputy manager regularly reviewed people's weight and where people were found to be losing weight they were referred immediately to a dietician for specialist advice. The chef told us that they fortified food with cream and full fat milk in order to help increase people's calorie intake.

We looked at how the environment was adapted to cater for the different needs of the people living there.

The home had several communal rooms which provided people with a variety of living space. The conservatory was a large, light, well-decorated room with attractive furnishings, a fish tank, fresh flowers, armchairs arranged in groups and a corner area which had recently been decorated as a tea room, or café. There was a large communal room which was divided into separate sections, with a dining area at one end, and two seating areas with comfy chairs and televisions. A further smaller communal room provided a pleasant space where people could sit and watch television, or have a meal at the dining table. There was an enclosed garden containing raised beds, lawned area and garden furniture. Some adaptations had been made to make the place 'dementia friendly', such as the use photographs on people's bedrooms, picture signage and a pictorial menu board.

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. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task and always explained to residents what they were about to do.

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 there was one person living at the home with an authorised DoLS in place. Further applications were awaiting authorisation from the Local Authority. The registered manager kept a record of the expiry dates for all authorised DoLS to ensure new applications were submitted in time.

People had good access to healthcare professionals, such as GPs, district nurses and dieticians. This meant that the service was effective in promoting the health and well-being of people who used the service.

# Is the service caring?

## Our findings

People we spoke with were happy with the care provided by staff. One person said "I am cared for well here, I like it" and another person said "I can't grumble. It's great". One person told us "They are very kind to me."

Relatives spoke positively about the staff. Comments made included "The staff always look after her well" and "They know how to care". One relative said "She looks cared for, that matters to her and me".

As part of our inspection, we observed how staff interacted with people and how care was provided in the communal rooms. The interactions we saw were positive and staff treated people in a kind and caring manner. For example we saw that one person showed signs of being distressed. A staff member took her hand and spoke soothingly to her. It was obvious from her interaction that the staff member knew this person well and knew how to support her when she needed comfort.

We saw that staff offered encouragement and coaxed people to do things in a thoughtful way. For example we overheard a carer encouraging a person to visit the in-house café for tea where they could enjoy a change of scene. Staff spoke positively about their work and about being able to care for people. One carer told us "I loved it from the word go. I love seeing them smile".

People we spoke with told us staff treated them with respect. One person said "Staff knock on my door to come in. They don't barge in". During our inspection we observed that staff treated people with dignity and respect and that when they talked to people they did so in a polite and caring way. For example, we saw a carer talk quietly and discreetly to a person when they had to ask them about an aspect of personal care. We observed a person being assisted with their mobility through the use of a 'stand-aid'. The carers explained what they were doing and offered encouragement to the person, through what can be an undignified process. However, during the first morning of our inspection we saw that a visiting optician carried out a person's eye examination in the conservatory, while there was another resident present. As part of this examination they discussed the person's medical history. This did not respect their privacy and confidentiality.

We recommend the manager look at ways that visiting healthcare professionals can conduct examinations in a more private and confidential environment.

We saw cards thanking staff for supporting people at the end of their lives. One card said "Thanks for the dignity shown to (name) in their last days". Two carers had recently completed the 'Six Steps to Success – Northwest end of life care programme for care homes', which aims to provide staff with the knowledge to offer high quality end of life care. Information about end of life care, such as details about bereavement support, was displayed on a notice board in the corridor. Where it was appropriate, information about a person's end of life wishes had been recorded in their care file for use at a future date.

We noticed that there was a recent poster detailing 'visiting times' displayed on the front door. The registered manager told us this was in order to protect meal teams. They had found that some people living

at the home who required support with eating were embarrassed to be seen requiring help and also became distracted by other people's visitors. We expressed our opinion that limiting visiting times was not very welcoming. The registered manager told us that people could visit when they wanted, but the preferred time was outside of meal times. None of the relatives we spoke with commented on the visiting times, and one person told us they were always made to feel welcome when they visited the home. However, we saw that one relative had submitted a complaint to the registered manager about the visiting times. This had been dealt with in an appropriate manner.

## Is the service responsive?

### Our findings

People we spoke made positive comments about the home. One person told us "I can't fault it. I would give it 100%. I would recommend it to anyone".

We looked at the care records of four people living at Laburnum House. A pre-admission assessment was carried out either at the person's home or in hospital and information gathered used to develop initial care plans and risk assessments. These were reviewed once the person had settled into the home, to ensure they accurately reflected the person's needs. They were subsequently reviewed every month or more frequently if a person's needs changed. In addition to the monthly review, a more in-depth review was carried out every three months by the person's key worker.

Care records contained detailed information to show how people were to be supported and cared for. Those we reviewed were 'person-centred' as they contained personal information such as details about people's likes and dislikes and other information that was particular to each individual. Gender preference for carers was checked during the assessment process.

People we spoke with told us care was delivered in a person-centred way, rather than being task orientated. For example, one person said "I decide what I want. I only have to say" and another said "I get up when I want and go to bed when I want".

Handover meetings were held before the start of the morning and afternoon shifts so that information about changes to people's health or care needs could be discussed. These meetings helped to ensure staff were kept informed about changes to people's health and well-being.

An activities co-ordinator had recently been appointed at the service with the responsibility of planning a programme of activities for people living at the home. As they had only recently been employed this had not yet been fully implemented. However, they had attended a resident's meeting, where they had introduced themselves and asked people for their ideas about what activities they would like. During our inspection we observed people doing a variety of individual activities, such as jigsaws, colouring, reading and watching television and on the second day of our inspection an exercise session was held in the communal lounge. A barbeque had been held recently to which families and friends had been invited. The manager told us they subscribed to a newspaper called 'Daily Chat Today', which is a current newspaper for nursing and residential homes that has been adapted to have big text, big pictures and positive news stories. We saw that copies of the newspaper were left around in the communal areas and staff used them to stimulate conversations with people who used the service. A religious service was held every Sunday at the home, for those people with an Anglican faith. There was no one with a different faith currently living at the home.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the hallway. People we spoke with told us they were confident they could speak to the staff if they had any concerns. One relative said "I know that I can voice concerns" and another said "I have no complaints here. If I did I would tell the person in charge". One person told us "I have complained before. It

got sorted, yes".

We saw that the registered manager kept a log of all complaints. This recorded the nature of the complaint, immediate actions taken, any further actions by the manager and supporting documentation.



## Is the service well-led?

### Our findings

This service is required to have a registered manager. Since our last inspection the registered manager had left and a new manager had joined the service in May 2017. The manager had commenced the process of application to the Commission to become the Registered Manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager was assisted in the running of the home by a deputy manager, who had worked at Laburnum House for a number of years and was familiar with staff and people living at the home. We observed throughout our inspection that the manager and deputy manager were visible within the home, interacting with people and their relatives and providing support to staff when needed. This was confirmed by staff we spoke with.

We asked the manager how they sought feedback from people to enable them to comment on the service and care provided. We were told that there had not been a recent survey, but a weekly 'manager's surgery' was held to provide people who used the service and their relatives with an opportunity to discuss any concerns they might have and to comment about the service.

There were a range of policies available to guide staff in their work, which had been reviewed in 2016/2017. These included safeguarding vulnerable adults, whistle blowing and infection control. Policies were written and reviewed by the provider, Bloomcare.

Staff meetings were held every few months. We looked at the minutes of the two most recent meetings and saw that a range of topics were discussed. These included discussion around the use of mobile phones and social media and the importance of providing oral care. Staff meetings provide an opportunity for important information to be passed to staff and for staff to air any concerns.

Accidents and incidents were recorded and reviewed to make sure risks to people were minimised. However, on the first morning of our inspection we noted from the staff handover book that an incident had taken place the previous night which had not been recorded in the incident log, or steps taken to investigate what had happened. A person had managed to enter the sluice room which contained chemicals, despite there being a keypad to lock the door. We inspected the door and found that there was a minor fault with the closing mechanism which meant it appeared to be secure when it was in fact open. We brought this to the attention of the registered manager. However, this incident should have been investigated immediately after it happened in order to prevent other people entering the room and putting themselves at risk.

The manager carried out a range of audits to monitor the quality of the service. These included weekly environmental checks on the standard of cleanliness and furnishings and weekly and monthly checks on medicines administration. A three-monthly nutrition audit checked that menus were varied and nutritionally

balanced. The provider (Bloomcare) also conducted a quarterly audit which reviewed all aspects of the running of the home, including checks on care plans, recruitment files, maintenance and equipment, staff levels and medicines administration. Where an audit identified a problem we saw that an action plan was drawn up which showed what action should be taken, by whom and set a deadline for completion. This showed that the provider was proactive in its approach to monitoring and improving the service.

We were shown copies of an infection control audit which had been carried out in June 2017 by the local authority. The home had received an overall rating of 63%, as some areas for improvement had been identified. Subsequent to our inspection we were given a copy of the repeat audit, carried out in October 2017. A significant improvement had been made as the overall rating was now 92%. This showed that the provider was committed to improving the quality of the service and raising standards.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was on display.