

# East Living Limited Laburnums

## Inspection report

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Essex  
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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

This inspection took place on 24 and 25 June 2015 and was unannounced.

Laburnums is registered to provide accommodation with personal care for nine people who have a learning disability. There were nine people living at the home on the day of our inspection.

The manager in post was not yet registered. 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 provider had not told us about these events as they were required to so we could see that they were taking suitable action to manage the service properly.

The provider and manager did not have robust systems in place to check on the quality and safety of the service provided, to put actions plans in place where needed, and to check that these were completed. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

Recruitment procedures were not shown to be thorough. Risk management plans were not always in place to keep people safe. Processes to manage any risks in relation to the running of the home were not established and effective.

Staff felt well supported and systems were in place to assess their competence. Training or updates were not always provided to staff promptly.

Staff had attended training on safeguarding people. They were knowledgeable about identifying abuse and how to report it. Staff understood and complied with the requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. People had regular access to healthcare professionals. A choice of food and drinks was available to people that reflected their nutritional needs, and took into account their personal lifestyle preferences or health care needs.

People were supported by staff who knew them well. There were sufficient numbers of staff to meet people's needs effectively. People's dignity and privacy was respected. Staff were kind and caring in their approach to people. Visitors were welcomed and people were supported to maintain relationships and participate in social activities and outings.

Care plans were regularly reviewed and showed that the person, or where appropriate their relatives, had been involved. They included people's preferences and individual needs so that staff had clear information on how to give people the care that they needed. People told us that they received the care they needed.

People knew the manager, found them to be approachable and to be improving the service. People living and working in the service had opportunity to say how they felt about the home and the service it provided. People felt confident that any concerns or complaints they may have would be listened and responded to.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Risks had not always been identified, or where risks were identified, actions had not been put in place to limit these to ensure people's safety.

Staff recruitment processes were not shown to be thorough so as to check if staff were suitable people to work in the home.

There were enough staff to meet the needs of the people who lived at the service.

The provider had arrangements in place to manage medicines safely.

**Requires improvement**



### Is the service effective?

The service was effective.

Staff received training to enable them to care for people safely.

The principles of the Mental Capacity Act 2005 (MCA) were understood and carried out by staff. The Deprivation of Liberty Safeguards (DoLS) were understood by the management team and being applied.

People had access to healthcare professionals when they required them. People were provided with enough to eat and drink. People's nutritional needs were assessed and they were supported to maintain a balanced diet.

**Good**



### Is the service caring?

The service was caring.

People's privacy and dignity was respected, as was their right to make their own lifestyle decisions.

People were supported to maintain important relationships. Relatives told us they felt welcome to visit at any time.

**Good**



### Is the service responsive?

The service was responsive.

People's care plans overall reflected current information to guide staff on the care people required to meet their individual and assessed needs.

People had access to a range of suitable social and leisure activities.

People were confident that they were listened to. Complaints and comments were responded to positively within the service.

**Good**



### Is the service well-led?

The service was not well led.

**Requires improvement**



# Summary of findings

The provider and manager had not put systems in place to check and improve the safety and quality of the service people received.

People had confidence in the management team and found them available and responsive.

# Laburnums

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was undertaken by one inspector on 24 and 25 June 2015.

Before the inspection, we looked at information that we had received about the service. This included information

we received from the local authority and any notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection process, we spoke with seven people and two of their relatives. We also spoke with the manager, four staff working in the service and a music therapist.

We looked at three people's care records and two people's medicine records. We looked at records relating to two staff. We also looked at the provider's arrangements for supporting staff, managing complaints and monitoring and assessing the quality of the services provided at the home.

# Is the service safe?

## Our findings

People did not live in a consistently safe and suitable service. Environmental and safe working practice risk assessments were not available. Equipment used by people, such as the specialist bath, was tested routinely to make sure it was working safely. However, the last check in January 2015 identified that the bath was not working. It had not been repaired by the time of this inspection and so could not be safely used. Another person was now being supported to use a piece of equipment to help them move from place to place. There was no risk assessment or safe working practice guidance in place to ensure the safety of the person and the staff supporting them. The manager confirmed that this would be implemented without delay. Additionally, staff had not had training on using the equipment although this was booked for the week after this inspection.

The provider's annual health and safety check identified in August 2014 that the driveway at the side of the premises was uneven and a potential risk and that not all fire doors were safe. The manager confirmed that, while these actions have been repeatedly reported in line with the provider's procedures, work had not been undertaken to make them safe and the risk remained. A sign was displayed in the conservatory (a communal room accessible to people using the service), advising that the room was unsafe and not to be used. This had been an on-going matter; however no date or evidence of planned action to correct this was made available.

The fire risk assessment, which had not been reviewed since 2011, suggested additional equipment and training for staff was required to enable all the people to be evacuated safely. The manager confirmed this had not been implemented but that it was likely to relate to a person who no longer lives at the service which they would check.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Recruitment processes were not consistently safe and people could not always be assured that staff employed were of good character and suitable to support them. Staff told us that they went through a thorough recruitment process. This included face-to-face interviews and the taking up of references from their previous employer before

staff started working in the service. However, we found that two staff members' files did not contain evidence of their identity or complete employment histories. The manager confirmed that this information was not available on the day of our inspection.

Staff confirmed that staffing levels throughout the day were suitable to meet people's needs. We saw that staff were available when people needed them. People told us that staff were available to take them out to social activities. There were inconsistent views as to whether there were enough staff available to meet people's needs at night especially in line with people's stated increasing needs. While they had been made aware of the query by an external agency, the manager confirmed that a reassessment of people's dependency needs to inform staffing levels at night had not taken place. There had been no reported incidents at night but this could mean that people were at risk of receiving unsafe care as staffing levels had not been reviewed to ensure people's on-going safety and wellbeing.

People confirmed that they felt safe living in the service. One person told us for example, that they had lived in the service for a long time and that everything was alright there. A relative told us that they always felt that people were relaxed and happy when they visited. They also felt that the person they visited was more than pleased to be living at the service and for these reasons they felt the person was safe and protected. Another relative said, "It is the most suitable home for (person) and it is their home. They are safe there."

Staff were knowledgeable on how to identify and report abuse and poor practice. They confirmed that they would report any concerns immediately to protect people living in the service. We saw that the manager had explained safeguarding in a suitable way at meetings with people living in the service to help them to keep themselves safe. The neighbourhood police officer had also attended a meeting and talked with people about keeping safe both within the service and in the community.

People were protected by safe systems for the storage, administration and recording of medicines. People confirmed that staff supported them with their medicines and were satisfied with the way that this was done. Medicines were securely kept, however temperatures were not recorded to ensure that medicines did not spoil. Where

## Is the service safe?

medicines were prescribed on an "as required" basis, clear written instructions were in place for staff to follow. This meant that staff knew when "as required" medicines should be given and when they should not.

# Is the service effective?

## Our findings

People told us that they received the care they needed and that their health care needs were well supported.

Staff told us that they received the training they needed to enable them to look after people well and that they had good day-to-day support from work colleagues. They told us however that training on moving and positioning people and use of equipment was planned for the following week, in response to a change in a person's needs.

People were cared for by staff who felt well supported. Staff told us that they received good induction training when they started working at the service, which helped them to know and effectively meet the needs of the people living there. This included shadowing an experienced member of staff as well as receiving training and having the opportunity to read people's care plans. Staff confirmed they had formal supervision with their manager now and that supervision was used to help support them to improve their work practices. Records confirmed what staff had told us in relation to supervision. The manager told us they were implementing a new system of appraisal and staff development which would be reviewed every three months to ensure it was meeting staff needs in supporting people living in the service.

The manager had a good understanding of the Mental Capacity Act 2005 (MCA). Records showed that people had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been recorded. Appropriate applications had been made to the

local authority for Deprivation of Liberty Safeguards (DoLS) assessments. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs.

People were well supported to enjoy a choice of food and drinks to meet their nutritional needs. People told us they enjoyed the food with comments such as, "I like it a lot, pasta is my favourite. We helped choose what we have for dinner." Another person said, "I love a cup of tea, I get lots of drinks, I get lots of cups of tea when I want." Staff told us that people participate in planning the weekly menu and participate in the shopping and records confirmed this.

People's individual preferences and needs in relation to the timing of their meals were known to staff and seen in practice. Systems were in place to safely support people to make their own hot drinks and to prepare snacks and some meals. People's dietary needs were identified and healthy eating encouraged, while respecting their right to make choices. People's weight was routinely recorded and monitored to support their health and well-being.

People's healthcare needs were well managed. People were supported to maintain good healthcare and had access to a range of healthcare services. One person told us that staff helped to access suitable professionals for equipment to help them to keep safe while walking and another person told us that staff contacted the doctor to get medicines to help them with a skin condition.

Each person had a health action plan in place to identify individual's health care needs and the support to be provided by staff. People's care records showed that staff were proactive in gaining prompt and effective access to healthcare professionals and assessment services. Records also showed that people's healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments.



# Is the service caring?

## Our findings

People spoke positively about the staff and the relationships they had. One person said the staff were, "Very nice" and told us that staff took them regularly to activities that they enjoyed such as the cinema or the theatre. Another person showed us some jewellery they were wearing that a member of staff had acquired for them while they were on holiday. Relatives were also positive, not only about the relationships staff had about people living in the home, but also with them. One relative told us, "The staff are lovely; (person) loves it there. If I ring, they know straightaway who I am and they keep me updated."

Where people were unable to tell us their views, we saw that people were content and relaxed in the presence of staff. People communicated their wishes and needs in different ways we saw that staff understood and responded accordingly. There was a good rapport between the staff and the people they supported, and people living in the service interacted freely with staff. Another person who visited the service on a regular basis told us, "People here feel well cared for. You can tell that by the way people speak about the staff. Staff really know people well, and because there are long-term staff, it offers consistency and insight and allows relationships to build up."

We saw from care records that people and their relatives had been involved in the planning of their care. Staff members were enthusiastic about the care and support that they provided to people and told us how people were involved in decisions about their care. This included a monthly meeting with their keyworker where people were asked for their preferences, for example, for social activities and holidays and where they could talk about anything they needed.

People were encouraged to maintain their independence. In line with risk assessments, some people made their own hot drinks and participated in planning the weekly shopping and the menu. When we discussed this with one person they told us, "I choose." Staff told us that some people needed encouragement to maintain their skills and this was clearly confirmed within people's care plans. This included, for example, encouraging people to maintain their own personal hygiene, such as shaving, or making their own breakfast.

People were treated with respect. Staff were clear about maintaining people's dignity and privacy and gave examples of knocking on people's doors, making sure people were covered appropriately while receiving personal care and ensuring that people were called by their preferred name. Staff treated people with respect, for example, they asked people for their permission for us to look at their medicines and for people to allow us access to their bedrooms. A relative said, "Staff always seem to talk to people with respect. (Person) is so happy there."

People were supported to maintain relationships that were important to them. People told us that their relatives came to visit or that they went to visit them. A relative said, "(Person) enjoys visits to us but is happy to go back and hardly waves goodbye to us. It is run like people's home and not an institution." Another relative told us they felt welcome to visit at any time and that they were invited to reviews or to events such as the summer party. Relatives' comments included, "We are always made welcome, they are a lovely crowd", and "We are always welcomed." The manager told us that for one person, as their relative was now unable to come to visit them, arrangements had been made to support the person to visit their relative on a regular basis. This was confirmed within the person's care records.

# Is the service responsive?

## Our findings

People were treated as individuals and received care relevant to meet their specific assessed needs. People received the support they needed and staff were aware of how the person wished their care to be provided and what they could do for themselves.

People were involved in the assessment and planning of their care. A relative told us that they had been invited to visit the service as a family before the decision was made that the person would go to live there. Records showed that people were involved in their assessments, along with other relevant people, and their preferences and wishes were identified. Information from assessments was used as the basis of people's individual care plans. These were written from the person's viewpoint, expressing the person's preferences for care and support and how these were to be met by staff.

People's care needs were clearly monitored by staff and changes responded to promptly. One person told us that staff had supported them to get a walking aid as they now needed it. Another person told us that staff had helped them to get, "A new chair." People's support plans were reviewed regularly and updated where changes had occurred, including through the support of external health professionals such as occupational therapists or dieticians. Relatives told us that that they and the person were involved in reviews of the support provided, and that their views were listened to. One relative said, "I am very happy that I am now invited to reviews and I am getting some very good feedback."

People told us that they were pleased with the opportunities they had for leisure and community based activities, as well as those available in the service. Discussion with staff, observations during the day and a review of records confirmed that people had access to a variety of recreational activities. People also had a choice of how and where they spend their time at home; in communal rooms or in their own bedroom. Staff showed us the provider's online system where staff recorded the interactions and social opportunities provided to each individual on a daily basis.

People knew how to express their views. People told us, or confirmed to us, that they would be able to tell staff if there was something in the service that they were not happy about. A relative told us, "I have never found a fault there and I've never had any problems with them, but they do listen to you and I would be able to tell them if I did."

The provider had a complaints policy and procedure in place. Some comments and concerns had been raised, and were recorded. Two of these related to the safety of the driveway and the conservatory. The manager confirmed that these issues had been escalated in line with the provider's reporting system for repairs and maintenance, but issues of finance had meant they had not yet been resolved. Other concerns raised had been addressed by the manager within the service, such as ensuring people's relevant relatives were involved in reviews and that the voicemail had been activated on the telephone so that callers could leave a message.

# Is the service well-led?

## Our findings

The provider's quality assurance system was not effectively implemented. The manager told us that the provider's representative used to complete monthly visits to check and report on the service but that they had not occurred for some months due to staff changes and vacancies.

Concerns and issues raised regarding the safety of the service had not been followed up promptly or successfully.

The quality monitoring system within the service was not reliable or established. The very recent infection control audit stated that the windows were clean and in good repair. The manager agreed that this was not at all accurate when we asked them to look at this with us. The manager confirmed that they did not do any checks of the service or review the checks completed by staff.

There was no clear method in place to assess night staffing levels against people's assessed and changing needs and no system for the manager to review staff training to ensure that staff were adequately skilled to keep people safe. Information from accident records had not been analysed for trends and therefore not used as a tool to continually improve the service people received.

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

The registered manager had not been managing the service for some months. The provider had not notified us of this as required or told us what arrangements they had put in place for the management of the service. A full time manager had been appointed to lead the service in November 2014. They were yet registered as required.

The manager encouraged an open culture in the service and had supported meetings for staff and people living there. Meetings for people using the service included discussions about activities and outings, menus and respecting each other. Team meetings gave staff the opportunity to talk through any issues to learn about best practice and to encourage teamwork. A communication book had been implemented to ensure effective sharing of information. Some improvements to the service such as the refurbishment of the communal rooms and people's bedrooms and the recent satisfaction survey were noted.

Staff understood the management structure and knew how and with whom to raise concerns should they need to do so. Staff told us they felt the service was well led and the management team approachable. One staff member said, "I think this is a good service for people. It is well led and the manager is a very open person. Staff are well trained, people here choose everything, it has improved." Relatives also told us they found the manager to be friendly and approachable. They felt that the service had improved and was now well led.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People were not protected against the risks of unsafe care and treatment arising from premises and equipment use.

Regulation 12 (1) and (2)(a)(b)(c)(d)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People were not protected against the risks of poor assessment, monitoring and improvement of the service.

Regulation 17 (1) and (2)