Four Seasons (Bamford) Limited

Laburnum Court Care Home

Inspection report

8 Priory Grove
Off Lower Broughton Road
Salford
M7 2HT
Tel: 0161 7080171
www.fshc.co.uk

Date of inspection visit: 7 January 2015
Date of publication: 11/03/2015

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

This unannounced inspection was carried out on the 7 January 2015.

Laburnum Court provides nursing and personal care. The home has a dedicated unit for dementia care on the ground floor called The Priory. On the first floor there is a nursing and personal care unit called The Lowry. The home can accommodate a maximum of 68 people. At the time of our visit, there were 31 people being supported on the Priory Unit and 37 people on the Lowry Unit.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

At the last inspection carried out in July 2013, we did not identify concerns with the care provided to people who lived at the home.

During our inspection we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Summary of findings

At 10.15am we went into the dining room on the Priory Unit where some of the residents were finishing their breakfast. We observed a considerable amount of debris on the floor which had not been cleaned up at this stage. When we returned to the dining room at 12.30pm, when lunch was being served, we observed the floor was still dirty and now included a liquid spillage which had not been cleaned up.

We spoke to a health care professional who was visiting the home during our inspection. They raised concerns about a strong unpleasant odour in one bedroom and stained and dirty carpets in another room.

We observed staff assisting during lunch time at the Priory Unit. We did not observe staff washing their hands or wearing gloves before commencing serving. We saw two members of staff who used their finger and a fork to place food on plates when serving meals. We also observed one staff member blow on a person's food to cool it down. One visiting relative told us; "I have seen staff serve food with their fingers."

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, people were at risk to infection because the service did not maintain appropriate standards of cleanliness and hygiene. You can see what action we told the provider to take at the back of the full version of this report.

Relatives of people who used the service told us they believed their loved ones were safe at Laburnum Court Care Home. One visiting relative we spoke with told us; "My X is absolutely safe. I feel staff know my X very well and because I'm here often, I have witnessed very personalised attention to her needs."

During our inspection we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. The notice board in the main reception area contained safeguarding information using illustrations as well as words, which made it clear to understand. It also described what action to take if people had any concerns.

On the whole, throughout the home, we felt there were adequate numbers of staff on duty during most of the day. However, we observed at peak periods during the day such as when medication rounds were undertaken on the Priory Unit and meal times throughout the home, that there were insufficient staffing levels to effectively meet people's needs.

We looked at how the service managed people's medicines and found the arrangements were safe.

Staff explained they had undertaken a comprehensive induction before commencing their role, which included a period of shadowing more experienced staff and that their progress was regularly reviewed over a three month period.

The home was part of the Pearl Project, which was developed in January 2008 by the provider as a specialised approach to dementia services. The home had implemented an action plan over 12 months, which was on-going to address a number of areas affecting people with dementia that included; the environment, training and a person centred approach.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We saw there were procedures in place to guide staff on when a DoLS application should be made. The home maintained a record of all applications submitted and the current status.

We found meal times were very task orientated and not a pleasurable experience for people who used the service. In one dining room, we found people had to wait long periods of time before being served with their meal, several residents were fast asleep and snoring by the time their food was served.

There did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch. The deployment of staff appeared to be random and uncoordinated and not consistent with people having a pleasurable experience.

Visiting relatives told us they found staff to be very caring. One visiting relatives told us; "First and foremost, I cannot

Summary of findings

praise the carers enough." People were able to approach staff and have a positive experience. The ease with which this occurred indicated staff that understood the needs of the people in their care.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Several members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. On the day of our visit, a hairdresser was in attendance in the hairdressing salon. Loud jolly music was being played and people were clearly enjoying the experience. The room was a beehive of activity throughout the day. However, people not having their hair done were just left with the television switched on in the lounge with no other options of things to do.

We have made a recommendation about ensuring people had opportunities to take part in activities.

The registered manager was present throughout our inspection together with the regional manager. We discussed our concerns together where improvements were required, specifically relating to the absence of clear leadership on both units during our visits in relation to the deployment and coordination of staff. Staff deployment was random and uncoordinated, which had resulted in a lack of any coordinated activity by staff without a clear sense of priorities in relation to meal times and cleaning duties.

The service held regular relatives meetings to listen and learn from people's experience with the service. We looked at minutes from these meetings which included topic such as food and dining. The manager held an open surgery every Thursday between 2pm and 4pm which was an opportunity for relatives to pop in and raise any issues or concerns. However, several visiting relatives we spoke to expressed frustration that requests and suggestions to improve the service were not always listened to.

Both people visiting the home and staff told us that the home maintained a positive culture which was open and inclusive. On visiting relative said "We have no worries here, If we saw anything we didn't like we would soon tell them and the manager." Another relative told us; "If I had any concerns or complaints, I would immediately speak to the Manager as I know the matter will be dealt with which gives you confidence."

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?

Requires Improvement

Not all aspects of the service were safe. We found people were at risk to infection because the service did not maintain appropriate standards of cleanliness and hygiene.

During our inspection we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. The notice board in the main reception area contained safeguarding information using illustrations as well as words, which made it clear to understand. It also described what action to take if people had any concerns.

On the whole, throughout the home, we felt there were adequate numbers of staff on duty during most of the day. However, at peak periods during the day such as medication rounds and meal times, staffing levels were insufficient to meet people's needs effectively.

Is the service effective?

Requires Improvement

Not all aspects of the service were effective. The home was part of the Pearl Project, which was developed in January 2008 by the provider as a specialised approach to dementia services. The home was currently on a 12 month action plan to address a number of areas affecting people with dementia that included; the environment; training and a person centred approach.

From our observations, we saw that staff sought consent, or explained to people what they wanted to do before undertaking tasks such as support with eating or personal hygiene.

There did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch. The deployment of staff appeared to be random and uncoordinated and not consistent with people having a pleasurable experience.

Is the service caring?

Good

The service was caring. Visiting relatives told us they found staff to be very caring. One visiting relative told us; "First and foremost I cannot praise the carers enough."

People were able to approach staff and have a positive experience. We saw staff adopting appropriate body language and physical contract with people who could not talk or communicate effectively.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Several members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

Summary of findings

Is the service responsive?

Requires Improvement

Not all aspects of the service were responsive. We found care plans and risk assessment were regularly reviewed to ensure they continued to meet people's needs. We looked at letters prepared by the home and sent out to relatives inviting them to a mutually convenient meeting to participate in a review of their loved one's continuing needs. Relatives told us they were happy with the way that the home involved them in their loved one's care.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people.

The service held regular relatives meetings to listen and learn from people's experience with the service. We looked at minutes from these meetings which included topic such as food and dining. The manager held an open surgery every Thursday between 2pm and 4pm which was an opportunity for relatives to pop in and raise any issues or concerns. However, several visiting relatives we spoke to expressed frustration that requests and suggestions to improve the service were not always listened to.

Is the service well-led?

Requires Improvement

Not all aspects of the service were well-led. Improvements were required, specifically relating to the absence of clear leadership we witnessed on both units during our visit. This had resulted in a lack of any coordinated activity by staff without a clear sense of priorities.

Both people visiting the home and staff told us that the home maintained a positive culture which was open and inclusive.

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. However, we questioned the effectiveness of some of these audits with management in view of the concerns we had identified, especially in relation to the cleanliness of the environment.

Laburnum Court Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out on the 7 January 2015, by one adult social care inspector, a specialist advisor in nursing and an expert by experience. An expert by experience is a person who has experience of or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. They did not return a PIR and we took this into account when we made the judgements in this report.

We also reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals. We also liaised with external professionals including the local vulnerable adult safeguarding team, the local NHS infection and prevention control team and NHS Salford Clinical Commissioning Group. We reviewed information sent to us by us by other authorities. We reviewed previous inspection reports and other information we held about the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During our inspection we spoke with two people who lived at the home, 10 visiting relatives, and 16 members of staff. We also spoke to one health care professional who was visiting the home on the day of the inspection. Throughout the day, we observed care and support being delivered in communal areas that included lounges and dining areas, we also looked at the kitchen, bathrooms and people's bedrooms. We looked at the personal care and treatment records of people who used the service, staff supervision and training records, medication records and the quality assurance audits that were undertaken by the service.

Requires Improvement

Is the service safe?

Our findings

Relatives of people who used the service told us they believed their loved ones were safe at Laburnum Court Care Home. One visiting relative we spoke with told us; "My X is absolutely safe. I feel staff know my X very well and because I'm here often, I have witnessed very personalised attention to her needs." Another visiting relative said "No concerns for her safety. I think they have loads of staff who are very friendly and they know so much about her." Other comments included; "I know X as a vulnerable person who will be in safe hands."

During our inspection, we found there was little or no coordination of domestic staff or clear cleaning priorities for them to follow. For example, at 10.15am we went into the dining room on the Priory Unit were some of the residents were finishing their breakfasts. We observed a considerable amount of debris on the floor, which had not been cleaned up at that stage. When we returned to the dining room at 12.30pm, we observed the floor was still dirty and now included a liquid spillage, which had not been cleaned up. We found vulnerable people were exposed to the risk of infection as the service had not ensured cleaning had been undertaken in a timely manner.

We spoke to a health care professional who was visiting the home during our inspection. They raised concerns about a strong unpleasant odour in one bedroom and stained and dirty carpets in another room, which we then visited. We spoke to the registered manager about these concerns. We were told the service had an improvement programme in place where all the carpets were being replaced with new flooring. These two bedrooms were scheduled to have the flooring replaced shortly, however the strong smell of odour in one of the rooms was over powering.

We observed staff assisting during lunch time at the Priory Unit. We did not observe staff washing their hands or wearing gloves before commencing serving. We saw two members of staff who used their finger and a fork to place food on plates when serving meals. We also observed one staff member blow on a person's food to cool it down. One visiting relative told us; "I have seen staff serve food with their fingers."

We also saw one person drop all their dinner on the floor. The meal was quickly replaced, however the dropped food remained on the floor until after lunch. Where people had spilt their food we observed they were not offered or provided with aprons to protect their clothing.

This is a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, people were at risk to infection, because the service did not maintain appropriate standards of cleanliness and hygiene.

During our inspection, we checked to see how the home protected people against abuse. We found suitable safeguarding procedures in place, which were designed to protect vulnerable people from abuse and the risk of abuse. The notice board in the main reception area contained safeguarding information using illustrations as well as words, which made it clear to understand. It also described what action to take if people had any concerns. Contact numbers for the local safeguarding team were displayed together with a confidential whistleblowing telephone line for staff to report concerns. We looked at the service safeguarding adult's policy and procedure and saw how the service managed safeguarding concerns. We found where concerns had been identified, referrals had been made to the local authority for investigation.

Staff confirmed they had completed training in safeguarding adults, which we verified by looking at training records. Staff told us they felt management were approachable and would listen to any concerns they had and take the appropriate action. During our visit, a safeguarding concern was identified which we reported to the registered manager, who took appropriate action and made a referral to the local safeguarding team. One member of staff told us; "I would not hesitate to report any abuse. There is an open and honest approach here definitely. I have no concerns about the safety of residents here."

We looked at a sample of eight staff files and found each contained records, which demonstrated that staff had been safely and effectively recruited. Appropriate criminal records bureau (CRB) disclosures or Disclosure and Barring Service (DBS) checks had been undertaken and suitable references obtained. We also checked to ensure that nurse's professional registrations with the Nursing and Midwifery council was current, which we confirmed from reviewing training records.

Requires Improvement

Is the service safe?

We found there was a range of risk assessments in place designed to keep people safe from harm which had been completed by the registered nurses at the home. These included; mobility; moving and handling; falls, nutrition; urinary and continence. For example, we looked at one risk assessment where a person had been identified as at high risk of choking. We saw that appropriate measures had been put in place to deal with the level of risk, including involvement of the Speech and Language Therapists (SALTs) and clear instruction on the consistency of foods required. Staff we spoke to demonstrated a good understanding of the risks people faced and the actions they needed to take to reduce such risks.

We looked at how the service ensured there were sufficient numbers of staff to meet people's needs and keep them safe. The home used a Care Home Equation for Safe Staffing (CHESS) dependency tool to determine staffing levels within the home. This tool was described as being driven by people's assessed needs and determined staffing numbers and the skills mix required. We also looked at staffing rotas, spoke with staff and visiting relatives with regard to staffing levels.

We received a mixed response from relatives and staff regarding whether there was enough staff to meet people's needs. One visiting relative told us; "There have been occasions when I have turned up and not been able to find staff, but it's not a massive concern staffing levels." One nurse told us; "It is very difficult at times as I am the only trained member of staff able to administer medication on the Priory Unit. Many of the residents do not always want to take their medication and I have to spend considerable time with them trying to support and encourage them, it means my round takes a long time to complete." Another nurse said "We have very challenging behaviour and it can be difficult at times and we could do with more staff." Another member of staff said "Generally, staffing levels are ok, but sometimes when we are short it is very hard."

Other comments from staff included; "Staff numbers are not enough as people have challenging behaviour, though people are safe here." "We have high dependency residents and they need more support." "No concerns generally with staffing numbers. If I felt there was not enough staff, I would speak to the management who would be very responsive." "Staffing levels are good, there is enough staff for numbers of patients we have." "People are safe but we could do with more staff." "With staffing, if we remain with six carers it's fine, with less it's hard to deliver care." "With more staff we can spend more time with the residents talking and interacting with them."

On the whole, throughout the home, we felt there were adequate numbers of staff on duty during most of the day. However, we observed at peak periods during the day such as when medication rounds were undertaken on the Priory Unit and meal times throughout the home, staffing levels were insufficient to meet people's needs. On the Lowry Unit, medication was administered by a nurse and senior carer, whilst on the Priory Unit, medication was administered solely by the nurse on duty. At meal times for example, we noticed a number of people required support to eat their meals and were having to wait an excessively long period, in some cases in excess of 30 minutes, before staff were able to support them. We spoke to the manager about our concerns who reassured us that staffing levels would be reviewed at these times.

We looked at how the service managed people's medicines and found the arrangements were safe. We observed the correct procedures being followed when medication was refused and it was disposed of correctly. We found accurate records were in place for the ordering, receipt, storage, administration and disposal of medicines. We found all medicines were stored securely in a metal trolley which was stored in a locked treatment room with controlled access. Controlled drugs were stored securely within the treatment room. Where medicines required cold storage, daily records of temperatures were maintained.

We found the service used guidance from the National Institute for Health and Care Excellence (NICE) for managing medicines. Staff had received training on administering medication safely and regular checks were undertaken by the manager to ensure staff remained competent to administer medicines safely.

Requires Improvement

Is the service effective?

Our findings

We looked at the training staff received to ensure they were fully supported and qualified to undertake their roles. One member of staff told us; "We have plenty of training, I'm doing my National Vocational Training (NVQ) level three at the moment. I have also done dementia mapping training. I'm also a six step champion." Another member of staff said "We do have training. Mainly e-learning, but we do have practical training like CPR, peg feeding and catheters."

Staff explained that they had undertaken a comprehensive induction before commencing their role which included a period of shadowing more experienced staff and their progress was regularly reviewed over a three month period. Training undertaken by staff in the last year included; Moving and Handling; Food Hygiene; First Aid Awareness; Safeguarding; Infection Control; Conflict Resolution and Dementia.

We looked at supervision and annual appraisal records and spoke to staff about the supervision they received. Supervisions and appraisals enabled managers to assess the development needs of their staff and to address training and personal needs in a timely manner. Staff told us they felt very supported in their role. One member of staff said; "I have confidence in the management and feel they would respond to any concerns I had." Another member of staff said "Our manager is very approachable and I can speak to them about anything, who is very supportive." Other comments included; "I get regular supervision with the manager and also undertake supervision with my staff. No concerns, I feel very supported, the manager is good and treats everyone equally."

The home was part of the Pearl Project, which was developed in January 2008 by the provider as a specialised approach to dementia services. The home was currently on a 12 month action plan to address a number of areas affecting people with dementia that included; the environment, training and a person centred approach. Throughout the project, the home was visited by the Project Manager and also the Dementia Care Advisor who provided training in all aspects of dementia care. The manager told us Laburnum Court had four months left before their final assessment.

We found the home did have the design and signage features that would help to orientate people with dementia, such as all toilet doors painted in a different colour to other doors in order to be easily identifiable. However, dining areas appeared spartan, and the general state of decoration in a number of areas including corridors and bedrooms was tired and in need of redecoration.

The Care Quality Commission has a duty to monitor activity under the Deprivation of Liberty Safeguards (DoLS). The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom.

We saw there were procedures in place to guide staff on when a DoLS application should be made. The home maintained a record of all applications submitted and the current status. We looked at one DoLS order which related to a person with challenging behaviour and included the action required by the home to address the person's needs. Relevant staff had been trained to understand when an application should be made, and how to submit one. We spoke with staff to ascertain their understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We found all staff demonstrated a good understanding of the legislation and had received training, which we verified from looking at training records.

During our inspection we used the Short Observational Framework for Inspection (SOFI) during lunch. Lunch was provided in three dining rooms across the home. The food was served from a hot trolley that was wheeled into the dining area from the kitchen and a choice of hot meals were available.

We found the meal times were very task orientated and not a pleasurable experience for people who used the service. In one dining room, we found people had to wait long periods of time before being served with their meal, several residents were fast asleep and snoring by the time their food was served. Other people simply sat at their tables waiting. Where people were being supported by staff, interaction was caring and kind. However, we observed one person who was struggling to eat their meal resorted to using their fingers in a meal consisting of meat, potatoes and gravy. They spilt food down their clothing and had not been provided with an apron, even though aprons were available. Opposite this person, a member of staff

Requires Improvement

Is the service effective?

supported another person with their meal, and though they clearly witnessed the person eating with their fingers took no action in either assisting that person or seeking further assistance. Another member of staff eventually arrived, and assisted the person to eat and proceeded to clean the person.

There did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch. The deployment of staff appeared to be random and uncoordinated and not consistent with people having a pleasurable experience. We spoke to the manager about these issues who reassured us that meal time staffing arrangements would be reviewed to address these concerns.

We looked at care files and found that individual nutritional needs were assessed and planned for by the home. We saw evidence that people who were assessed as being at nutritional or hydration risk, had the relevant fluid balance and food charts in place and we saw that these were completed appropriately.

We found care plans reflected the current health needs of each person. Staff we spoke to were able to demonstrate a good understanding of each person's needs and the care and support required. Staff told us handover meetings were held at the start and end of every shift and daily records supported them in ensuring they kept up to date about people's changing needs and any other matters, such as appointments with other health care professionals.

We saw that referrals had been made to other health care professionals to ensure people had their individual needs met. These included the GP, falls clinic, dieticians and Speech and Language Therapists (SALTs) when needed. We spoke to a health care professional who was visiting the home on the day of our inspection. They told us the staff were very friendly and helpful and that the manager would always responded positively to any concerns. They felt people who used the service had complex needs.

Good

Is the service caring?

Our findings

Visiting relatives told us they found staff to be very caring. One relative told us; “First and foremost I cannot praise the carers enough. They have a very difficult task looking after so many residents, with various dementia problems. X is one of the most difficult people to care for, especially around his personal care, this is his most challenging time, with his aggressive behaviour. The carers most days manage him really well. Despite his shouting abuse and lashing out. I know how hard this can be.” Another visiting relative said “In my short experience, I cannot praise Laburnum enough. The carers, in fact all the staff, domestics, etc. are always cheerful and speak to me as I enter the home. The carers give me updates on X. His eating and drinking progress etc. All the carers get on with one another and work as a team.”

Other comments included; “Staff are always busy but I do see them interacting with residents.” “You can come whenever you want, night or day. Never seen anything that gives us cause for concern.” “Even cleaners give you time of day.” “Nothing is too much trouble. They never stop looking after the residents and their needs. Talking to them, gently encouraging them. They are all amazing. Doing one of the most difficult jobs on low pay and long hours. I have every faith in them, should I not be able to go and visit X for a couple of days.” “They don’t know when I am coming and when I hear them dealing with other people it seems fine.”

We noted that people’s interactions with staff were pleasant, positive and encouraging. People were able to approach staff and have a positive experience. The ease with which this occurred indicated staff understood the needs of the people in their care. We saw staff adopting appropriate body language and physical contact with people who could not talk or communicate effectively.

Visiting relatives told us they felt regularly consulted about their loved ones and felt that they could raise issues if needed. One relative told us “I feel I have been consulted about my X’s on-going needs, which has also included social services.” Another relative said “The nurses keep us informed of any changes, there is no hiding anything, they are very up front.”

It was clear from our observations, speaking to people and from looking at records that people and families were able to make choices. For example, people were able to make choices about their bedroom décor. Some bedrooms had been personalised by families and included personal belongings and pictures which gave a homely feel. Staff pointed out to us that there was new decorations taking place around the home including bedrooms, which was intended to promote a homely feel throughout the home.

The home was part of the North West End of Life Care Programme known as Six Steps to Success. Several members of staff had received training in this end of life care programme which enabled people to have a comfortable, dignified and pain free death.

The home used an advocacy service to support people. One example we looked at involved providing support to a person with their end of life arrangements.

We found there were two members of staff who were ‘dignity champions’ at Laburnum Court. They had received training through the local commissioning group. Both staff members regularly attended meetings with the commissioning group dignity lead and led on good practice within the home on personal dignity issues.

Requires Improvement

Is the service responsive?

Our findings

Relatives told us they were happy with the way that the home involved them in their loved one's care. One visiting relative told us; "I feel I have been consulted about my X's needs which has also included social services." We found care plans and risk assessments were regularly reviewed to ensure they continued to meet people's needs. We looked at letters prepared by the home and sent out to relatives inviting them to a mutually convenient meeting to participate in a review of their loved one's continuing needs.

The home undertook an initial needs assessment prior to people coming to the home which involved the person and their family to determine their individual care and treatment needs. We found people's needs were assessed and care and support was planned and delivered in accordance with people's wishes. We looked at a sample of 10 care files. Care plans provided clear instructions to staff on the level of care and treatment required for each person and included directions on a number of areas including; mobility; skin integrity; personal hygiene and dressing; sexuality needs; infection control needs and communication.

Staff we spoke to demonstrated a good understanding of each person's needs and the care and support required. From our observations and discussions, staff focused on people's individual needs and were able to explain why certain people were being treated in a particular way. For example, allowing a person to get extra rest as the individual had disturbed nights and why a person required bed rest and the programme to improve their health.

We found no set activity programme in the home on the day of our inspection or very little in the way of mental or physical stimulation for people. When we entered the main lounge in the Priory Unit at 10.25am, we observed 11 people, nine of whom were asleep. A television was switched on and no activities were taking place or available. This situation was repeated on the Lowry Unit with people sitting around the room with a television switched on with no one watching. We saw staff interaction was mainly task orientated rather than person centred. We observed no activities designed to engage people in line with their personal preferences. One visiting relative told us they would like to see their father receive more interaction from care staff to keep him awake, as he was always asleep when they visited. However, when his father was spoken to his eyes would open and he would respond.

On the day of our visit, a hairdresser was in attendance in the hairdressing salon. Loud jolly music was being played and people were clearly enjoying the experience. People were provided with a small glass of sherry or brandy. The room was a beehive of activity throughout the day. However, people not having their hair done only had the television to watch with no other options of things to do.

We spoke to the newly appointed activities co-ordinator, who on the day of our visit was undertaking the role of a care staff member. This individual was very enthusiastic about the role and described their ideas they had to stimulate people within the home which included trips out using the service mini bus. An activity noticeboard within the corridor contained no up to date information.

We recommend that the service seek advice and guidance from a reputable source to ensure people have opportunities to take part in activities they enjoyed and met their personal preferences.

The service policy on compliments and complaints provided clear instructions on what action people needed to take, which was displayed on the wall in the main reception area. We looked at the complaints file and saw all complaints had been dealt with in line with the provider's policy and in a timely manner by the provider. The service also identified 'lesson learnt' from any complaints, safeguarding or incidents which were then shared with staff either through individual supervision or staff meetings. This meant the service endeavoured to learn from such incidents in order to improve the services it provided.

The service held regular relatives' meetings to listen and learn from people's experience with the service. We looked at minutes from these meetings which included topics such as food and dining. The manager held an open surgery every Thursday between 2pm and 4pm which was an opportunity for relatives to pop in and raise any issues or concerns.

However, several visiting relatives we spoke to expressed frustration that requests and suggestions to improve the service were not always listened to. For example, one person had suggested music in the lounges in order to improve the general atmosphere, which had been

Requires Improvement

Is the service responsive?

approved by the manager, but no further action had been taken. A visiting family friend told us; “X likes to go walking, I have asked the manager for a risk assessment on several occasions as I would like to take X further afield, however without a risk assessment I do not feel that this would be safe. Despite my requests I have still not received the information I requested.” We spoke to the manager about these matters who reassured us that step’s would be taken to address these concerns.

Requires Improvement

Is the service well-led?

Our findings

Both people visiting the home and staff told us that the home maintained a positive culture which was open and inclusive. One visiting relative said "We have no worries here, If we saw anything we didn't like we would soon tell them and the manager. Another relative told us; "If I had any concerns or complaints, I would immediately speak to the Manager as I know the matter will be dealt with which gives you confidence."

One member of staff told us; "We have a very good manager who is always here and makes sure things get done." Other comments from staff included; "I think the manager is really great and supportive. Things have changed for the better. There is an open and honest approach definitely." "The home has improved considerably, carpets have been changed for better flooring since the new company took over. All beds are now profile hospital beds. There is a good culture here and I like it here."

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

The registered manager was present throughout our inspection together with the regional manager. We discussed our concerns together where improvements were required, specifically relating to the absence of clear leadership on both units during our visits in relation to the deployment and coordination of staff. For example, there did not appear to be any clear strategy for dealing with the numbers of people waiting for their lunch. Staff deployment was random and uncoordinated, which meant people had to wait a long time before they received their meals. This had resulted in a lack of any coordinated activity by staff without a clear sense of priorities in relation to meal times.

In respect of cleaning duties, we found that domestic staff were not directed to focus on priority areas such as the poor state of the floor in one of the dining rooms which was not cleaned until after the lunch time period. One bedroom that needed immediate attention in the morning was not cleaned until the afternoon. We found domestic staff needed to be provided with clear instructions from management at the commencement of their duties. This would enable them to focus on cleaning priorities as opposed to a random and uncoordinated approach.

Both managers were very receptive to the issues and concerns we raised and reassured us that immediate steps would be taken to address these matters. The regional manager subsequently informed us that they had contacted the training department of the provider to request formal leadership and management training for registered nurses in charge of both units within Laburnum Court Care Home.

The service undertook an extensive range of audits of the service to ensure different aspects of the service were meeting the required standards. However, we questioned the effectiveness of some of these audits with management in view of the concerns we had identified.

We found that regular reviews of care files and care plans were undertaken. We looked at monthly bed rail checks, pressure ulcer and wound audits. The manager undertook a 'daily walk about,' which included observing the environment, staff engagement and diet and fluid charts.

The service used a 'weekly short observational tool' which monitored deployment of staff, odours noted during the time of observation and improvements needed. We were told this tool would be used the address the concerns we raised about the dining experience and staffing concerns.

Regular checks were undertaken of fire safety equipment including the emergency alarm and emergency lighting. Medication audits had also been undertaken. The manager and regional manager also conducted unannounced night time visits at the home. Results of audits such as falls, ulcers, accidents and incidents were closely monitored at the home. They were analysed regularly by the provider to identify any re-occurring themes with the intention of avoiding any repeat incidents.

We found the nurse's office on the Priory Unit was accessed via a key coded door. We found the code for the door was written on the top of the door frame. Staff pointed out to us where the code was located. Although it was unlikely to be accessed by people living at the home, other staff and visitors could potentially access the room. We found people's care files were kept on an open shelf in the office, which was accessible to anyone entering the room. Improvements were required to ensure that personal

Requires Improvement

Is the service well-led?

confidential information was protected by either being stored in a secure filing cabinet or effectively restricting access to the room. We were assured by management that this concern would be addressed immediately.

We looked at the minutes from various team meetings that had taken place which included; staff; relative; clinical governance and night staff. Where actions had been identified, we saw that appropriate steps had been taken to address issues and included, laundry, staff rotas and governance.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control **People who used services and others were not protected against the risks associated with appropriate standards of cleanliness and hygiene.**