Four Seasons (Bamford) Limited

Laburnum Court Care Home

Inspection report

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14 June 2017

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This comprehensive inspection was unannounced and took place on 12 June 2017. We made a second announced visit on 14 June 2017.

At our comprehensive inspection on 03 November 2015, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to governance. Following this inspection the home was rated as requires improvement overall and in the key lines of enquiry (KLOE's); responsive and well-led. The home was rated as good in safe, effective and caring.

We then undertook a focused inspection in March 2016 and found the provider was still in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to good governance. A warning notice was issued and a time frame indicated to be compliant with the legal requirements.

A further focused inspection was conducted June 2016 and the provider was found to be compliant with the regulations but the home remained requires improvement. We could not improve the rating in 'well-led' from requires improvement at that time, because to do so we require evidence of consistent good practice over time.

At this inspection we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in regards to safe care and treatment and meeting nutritional and hydration needs. You can see what we action we took at the end of the full version of this report.

Laburnum Court is part of Four Seasons (Bamford) Limited and situated in a residential area of Salford. The home provides nursing care as well as care for people living with dementia. The home provides single occupancy rooms, across two units, which are known internally as 'Lowry' which provides nursing care for people living with dementia and 'Priory', nursing care. At the time of the inspection there were 64 people living at the home.

There was a registered manager in post at time of this inspection. 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.

Most people using the service provided positive feedback regarding the service received. People told us they felt safe and said staff were kind and caring.

There were mixed views on whether there were enough staff and we have made a recommendation regarding this.

We found concerns regarding how the service was operated as people had been placed at risk of harm. We found prescribed medicines were not managed safely. Following GP reviews, we found there had been delays in actioning medicine changes. The provider could not demonstrate sufficient time was maintained between doses, covert medicine protocols required strengthening and stock procedures required review. We gave feedback following our inspection visit on 12 June 2017 and by our second visit 14 June 2017, action had been taken to address the issues identified.

We also raised concerns regarding the management of people's nutritional and hydration needs as there was missing information to guide staff to meet people's needs safely and we found ambiguity between documentation in regards to what people's assessed needs were.

The home had suitable safeguarding procedures in place and staff were able to demonstrate that they knew how to safeguard people from harm. A high number of altercations had occurred between residents on 'Lowry' and the provider was looking in to environmental changes to address this.

Robust employment checks had been conducted before new staff commenced employment in the home.

The service had a training matrix to monitor the training requirements of staff. Staff received appropriate induction, training, supervision and appraisal to support them in their role.

People were supported in line with the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People had care plans that had been reviewed regularly and contained sufficient information to guide staff on the care, treatment and support required.

We found audits had not been effective as they had not identified the issues raised during our first inspection. The audits had not identified all the medicine issues or ambiguity between nutritional records. Care plans had been audited but not considered the detail to determine whether the plans in place were representative of people's needs.

We saw the ratings from the previous inspection were clearly displayed in the reception area. There was also wide range of information about the home and other services available.

During feedback, we found the regional and registered manager were committed to addressing the concerns identified and we have received a weekly update following the inspection detailing how the areas identified have been addressed in a planned and structured way.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

We found people were not always protected against the risks associated with medicines, because the provider did not have appropriate arrangements in place to manage medicines safely.

Staffing was calculated using a dependency tool but we received mixed feedback from people, their relatives and staff regarding staffing levels and the use of agency staff at the home. We made a recommendation to review staffing levels.

We found the home had suitable safeguarding procedures in place, which
were designed to protect vulnerable people from abuse and the risk of abuse.

Is the service effective?

Requires Improvement

The service was not consistently effective

People's nutritional needs required improved monitoring and records needed strengthening to demonstrate people's requirements were being met.

Staff received a comprehensive induction and had access to a range of training to support them in their role. Supervision was conducted regularly and staff received an annual appraisal of their work.

The service was working within the requirements of the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring

People spoke fondly of the staff and the care provided.

People's privacy and dignity was maintained and people were provided care and support in line with their wishes and preferences.

People said their independence was promoted and staff encouraged them to do things for themselves.

Is the service responsive?

Good

The service was responsive

People's life history was captured, initial assessments were conducted and reviews of people's care were undertaken.

There was an activities coordinator and people were supported to engage in activities reflective of their interests to support their well-being.

People using the service and their relatives knew how to raise a concern or
make a complaint. We saw concerns had been responded to appropriately and in the required timeframe.

Is the service well-led?

Requires Improvement

The service was not consistently well-led

We found breaches of the regulations. Systems for audit & quality assurance required strengthening in order to identify failings found during the inspection.

The management were visible to staff and we received positive feedback from staff about their leadership. However, concerns were raised from relatives and health professionals indicating that outcomes to their concerns were not proactively managed.

The service had comprehensive and up to date policies and procedures in place.

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.

The inspection was carried out on Wednesday 12 June 2017 and was unannounced. We made a further announced visit to Laburnum Court on Wednesday 14 June 2017 to complete the inspection.

The inspection was undertaken by two adult social care inspectors, a pharmacist inspector from the Care Quality Commission (CQC) and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we reviewed information we held about the home. This included statutory notifications, safeguarding referrals and previous inspection reports. We also reviewed the PIR. This is a document where the provider can state any good practice within their service and how they ensure their service is safe, effective, caring, responsive and well-led. We also liaised with external professionals including the local authority, local commissioning teams and infection control

During the inspection we spoke with people and viewed care records and documentation in order to inform our inspection judgement. This included speaking with seven people that lived at the home, three relatives and one healthcare professional. We spoke with the regional manager, registered manager, clinical lead, five healthcare assistants, activities coordinator and chef. Records we looked at included 10 care files, 25 medication administration records (MAR), six staff personnel files, training records, building checks and any relevant quality assurance documentation.

We observed care and interactions in the communal areas which included lounges and dining rooms. We

also looked in people's bedrooms when people living at the home consented to this and we looked at bathrooms, toilets and the kitchen facilities.

Requires Improvement

Is the service safe?

Our findings

All the people spoken with during the inspection said they felt safe living at Laburnum court. One relative reported an incident that had occurred a year ago but said it had been resolved and they had been happy with the outcome.

On the first day of the inspection, a pharmacist who is a medicines inspector with the CQC looked at 25 Medicine Administration Records (MAR) and medicine stock for the same 25 people. We found that medicines were not handled safety and people's health was not protected. We found the service was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were not given safely. People were not given their medicines in line with directions from the doctor when doses of people's medicines had been changed or new medicine had been prescribed. This meant some people were given too much or too little of their prescribed medicines or there was a delay of a few days before their newly prescribed medicines were available for them. We also saw that one person's medication had been discontinued by the doctor but it had not been removed from the medication trolley for destruction. This meant they were at risk of being given medication which was no longer prescribed. The delay in actioning doctor's directions placed people's health at risk of harm.

Medicines were not administered in accordance with the manufacturers' directions regarding food. Medicines which must be given before meals were given at the same time as medicines which needed to be given with food. If medicines are given at the wrong times with regard to food they may not work properly and people will not receive the full benefit of their medication, which places their health at risk.

Some medicines such as Paracetamol must be given with at least four hour intervals between doses. Nurses did not record the time they had given doses of Paracetamol so would be unable to determine when the next dose was due and that there was a safe time interval between doses.

People were prescribed medicines to be taken "when required" or with a choice of dose. However, we found there was either no information or limited guidance to inform staff when administering medicines prescribed this way. Nurses also failed to make a clear record of the dose given when there was a variable dose prescribed. This meant people may not receive safe and consistent treatment.

Some people needed to have their medicines given covertly by disguising it in their food or drink. There was some guidance written by the GP practice as to how to administer such medicines. However the guidance had not been updated and did not cover all prescribed medicines. We spoke with a nurse and found they had not followed the written covert guidance. Instead of giving the person their medicine in fruit juice, they had concealed the medicine in food and a cup of tea. We found no checks had been made to determine it was safe to give the medication in hot drinks or with certain foods. We also spoke with an agency nurse on the day of our visit who had given people medicines in their food and drink because people would not take them "fast enough", even though there was no assessment or best interest decision to authorise medicines hidden in their food. One carer who was trained to administer medicines told us they did not give

medication covertly to one person because they didn't need it concealing and told us the person "always" took it. However, when we looked at the person's records we found the person had refused almost a third of their medication which meant their health had been placed at risk of harm because covert protocol had not been followed.

Some people needed their fluids thickened to prevent choking and each of those people were prescribed a thickening agent to be used in their fluids. Staff told us they didn't use individual people's thickener and used one tin for everyone. We saw that each person had specific direction printed on the label as to how thick their drinks should be made. We found that staff making drinks did not always have written information about how thick to make people's drinks, which meant people were at risk of being given inadequately thickened drinks. Care staff in the home on the day of the inspection told us they knew how to thicken drinks correctly. However, we observed one person drinking a drink that should have been 'syrup thick' consistency but we saw it had not been made to that consistency as it was too thin when the person was drinking it. The records about the use of thickener were inconsistent which meant it could not consistently be determined that people's drinks had been thickened.

We found medicines had not been ordered in a timely manner and found people had run out of medication for between one and 11 days. No explanation could be offered as to why these medicines had not been ordered in time.

Records about medicines were not accurate. During the inspection we found that nurses had not signed for medicines they had given, in one instance the nurse had not signed for medication she told us had been given three hours earlier. Records about the administration of medicines must be made as soon as the medicines have been given to ensure that errors are not made or that they are not given again by another nurse. We also found ommissions in signatures throughout the records which meant we could not determine whether the medicines had been given or not.

We saw that in some instances more medication had been signed for than had been recorded as being in the home for people, indicating people had not been given their prescribed medicines properly.

We looked at the records about administration of some medicines for the previous month and compared them with the medication awaiting collection for destruction from that month. We found some medicines had all been signed as given but there were a number of tablets left over, indicating medication records were inaccurate and people had not been given their medication properly

A number of people did not have photographs to help agency nurses identify them which meant they could be at risk of being given the wrong persons medicines.

Medicines were not always stored safely. We saw that thickening agents were stored where people could access them easily including bedrooms and dining room areas. This is against current safety guidance. Waste medicines were also not stored in line with current storage guidance.

This meant there had been a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following our first day of inspection, we gave comprehensive feedback regarding our findings to the registered manager and regional manager. When we revisited the home on 14 June 2017, we saw the management had commenced addressing the issues raised. This included; seeking clarification regarding covert medicine procedures and sourcing training for staff. Thickener's had been removed from bedrooms

and were now being stored securely.

We saw the MAR that had photographs missing and people without PRN protocols in place had been addressed and were all present. A medication review report had been implemented following each GP visit which would be given to the registered manager following the review visit to ensure action and medicine changes were actioned promptly. The medicine room had been cleared and surplus stock and discontinued medicines had been returned to pharmacy. A meeting and supervision had been scheduled with all the staff to discuss our findings and a clinical specialist had visited the home to address our concerns. The management had made significant progress the following day of our inspection to commence actioning the issues found. The registered manager committed to sending us a sustainability action plan which has been received weekly following the inspection detailing the progress made against our findings.

On the day of the inspection there was a jk registered manager, one nurse and a care home assistant practitioner (CHAP) on each unit or two nurses. In addition there were six care staff on the'Lowry' and seven care staff on 'Priory'. We were told this was the ratio of staff on duty as staffing was based on people's dependency to calculate the required care staff. In addition to care staff, there were domestic and catering staff.

We reviewed the homes staff rotas between May 2017 and June 2017. We found the number of staff required was provided but at weekends there had been lower staffing levels due to sickness and the home relied upon the use of agency staff frequently to achieve the required numbers. The management confirmed they were in the process of recruiting a second clinical lead and were continuing to advertise for registered nurses to address the staffing deficit in order to reduce agency use and establish a consistent staff team.

Staffing was determined based on people's dependency and staffing was deployed on the 'Lowry' and the 'Priory' with the use of deployment boards. These were put in place to manage staffing and determine staff whereabouts and duties to undertake within the home.

During the inspection, we observed staff meeting people's needs but we received mixed feedback from people and their relatives regarding staffing levels at the home. One person told us; "I think there are enough staff about. If you ask staff for something, they are always willing to help. They are nice ladies." A second person said; "There are enough staff and they are always alright with me." A third person said; "I don't know about staffing numbers but they do work hard." A fourth person told us; "They keep getting short staffed, not enough it's a shame really." A fifth person said; "There is never enough staff, they are always rushing around." A relative told us; "The staff are run off their feet but the staff are marvellous, kind and helpful and they always make sure the residents are happy."

A staff member told us; "It feels like there is enough staff. We always have six care staff and either two nurses or a nurse and CHAP. No two days are the same but we can meet people's needs safely and if we have issues, I've been on shift when the registered manager has come on and helped out." A second staff member said; "I feel enough staff working here. We can meet people's needs and have time to spend with people. I've just been making cards with people." A third member of staff said; "When seven care staff turn in, everything is covered. It's not as easy when there is sickness." A fourth said; "We used to have six on the 'Priory' but management listened to our complaint because we were struggling and increased it to seven. Seven is good, we can meet people's needs timely."

We recommend that the service re-evaluates the current dependency tool, to ensure there are sufficient and consistent numbers of staff available, to safely and responsively meet the care needs of people living at the home in response to the mixed feedback recived.

The service had recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. We looked at six staff personnel files. We found robust recruitment checks were completed before new staff commenced working at the home. The files included proof of identity, two references and a Disclosure and Barring Service (DBS) check. A DBS is undertaken to determine that staff are of suitable character to work with vulnerable people. We saw staff were sent an offer of employment once the recruitment checks were completed. The service also had processes in place to validate the registration status of the nurses employed at the service.

Staff we spoke with showed a good understanding of safeguarding procedures and protection matters. Each member of staff we spoke with felt confident that they had been provided with the correct information to refer to should they need to raise any concerns. Staff told us they report to a manager or outside agencies such as the local council safeguarding team or the Care Quality Commission if needed to. We saw safeguarding incidents had been reported and responded to appropriately and referrals to the local authority safeguarding team had been made as required. The registered manager acknowledged that there had been a peak in referrals regarding resident disputes on 'Lowry' and informed the provider was looking at the environment and whether the unit could be divided in to two smaller units to provide a smaller, lower stimulus environment to address this.

We looked at 10 care files to determine how the provider assessed and mitigated risk. Each file contained a clinical hotspots flash card which was used to alert staff or agency staff to risks they needed to be aware of. The card was filed at the front of the care file so it was visible to staff and detailed the risks and the section in the care file where the control measures were documented to mitigate the risks. For example; falls, weight loss, allergies, other. We found the service undertook a range of risk assessments to manage people's needs. These included long term care falls risk assessment, moving and handling, choking, nutritional, continence, skin integrity and mental capacity assessments. The risk assessments provided control measures to mitigate the risks and promote people's safety.

The service employed a maintenance team that completed repairs and remedial works. The registered manager told us, "Any jobs above and beyond the remit of the maintenance team would be escalated to out estates department." The maintenance team and registered manager completed a weekly audit to determine works for completion. In addition to this a daily walk around was completed by the registered manager and/ or nurse on duty. This was to check the cleanliness of the building, ensure the areas were tidy and odour free and people looked clean and presentable.

We looked at the processes in place to maintain a safe environment for people who used the service their visitors and staff. We found health and safety checks such as water temperature monitoring and legionella were carried out on a regular basis. Records also showed arrangements were in place to check, maintain and service fittings and equipment, including gas and electric, bed rails and wheelchairs.

Fire risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment. Each person living at the service had a personal emergency evacuation plan (PEEP) which considered areas such as level of mobility, responsiveness to an alarm and prescribed medication. Grab bags were also available at the entrance. These contained appropriate PEEP information for each person on the unit should emergency service need to attend in the event of a fire or other emergency involving the evacuation of people.

The provider had a Business Continuity Plan. This was updated as necessary. It outlined the provider's aims to provide a framework for an organisational response to any disruptive events such as adverse weather

conditions. It planned to maintain critical services to people in the event of any such disruption. It provided details and internal and external contacts for people who were able to assist.

We found each unit in the service to be clean. There was a designated team of cleaners employed to maintain a clean environment. We looked at the laundry facilities and found suitable industrial equipment was available. We noted the laundry areas were clean and had robust procedures in place to ensure cross contamination of soiled linen and cleaning aids was avoided.

Requires Improvement

Is the service effective?

Our findings

All the people we spoke with during the inspection expressed being satisfied with the quality and variety of food on offer at the home. Comments included; "The food is great and you get plenty of it." "It's not bad but I don't like carrots." "I can't fault the food. We get two choices of meals and I just eat what I like, if I don't like it, I don't eat it." "The food is sometimes very nice and other times just okay. No one would come here and be hungry, we are well fed." "They do a good soup. I think most of the meals are good. I have to have the food cut up thin and they always make sure it is cut up for me."

We found staff were knowledgeable regarding people's dietary needs and they were able to tell us who required assistance or had specialist dietary needs. For example, fortified or a soft diet as a result of dysphagia and being at risk of choking. The chef also had a white board in the kitchen which detailed people's needs to ensure they prepared the food in line with recommendations.

However, we found the white board in the nursing office and the daily food and fluid recording charts needed strengthening in order to ensure staff had the required information to support people in line with their medical needs and individual requirements.

We saw one person required their fluids restricting as this was a medical requirement but the restriction amount was not documented on their fluid chart. We saw the person throughout May 2017 had exceeded the fluid restriction on a daily basis and on these occasions an explanation was not consistently recorded to determine why this had occurred. It was determined that the person was obtaining drinks themselves and from family members which had been raised by health professionals as a concern that required discussion with the GP. A health professional had requested that a best interest meeting with all parties concerned was arranged to determine what was in the person's best interest preceding forward. This should have been identified and actioned by the registered manager as a requirement in these circumstance and the documentation reviewed to ensure that all the information was reflective of the position to support the best interest decision.

We reviewed a second person's food and fluid records and found the foods documented were not consistent with the speech and language team (SaLT) assessment outcome and did not demonstrate that the dietetic recommendations were being followed. The person had been assessed by SaLT as requiring a soft diet and normal fluids but when we looked at their food records we noted that they had received foods that were not consistent with a soft diet. For example; toast, sandwiches and biscuits. The person's choking risk assessment documented the person as high risk and they had a nutritional needs plan which indicated they required a soft diet and normal fluids. This person had also been losing weight and dietetic recommendations included milk drinks daily and regular snacks to support weight gain. We saw the person had gained weight which indicates they had been receiving increased calorie intake to achieve this. However, the records maintained did not demonstrate that the dietic recommendations had been consistently followed as milk drinks and frequent snacks were not being regularly documented to determine that these had been provided.

We discussed this person with the registered manager and identified the snacks that they had received were not in keeping with a soft diet. The registered manager contacted SaLT and confirmed that the soft diet was recommended due to the person not wearing dentures and not as a result of dysphagia. Due to the person's low weight, the registered manager indicated SaLT were in agreement that the person should continue to be offered foods that they enjoyed; sandwiches, toast and biscuits. The registered manager was advised to seek such clarification from SaLT in writing and to incorporate this in to the person's risk assessment and care plan

We tracked a third person's dietary needs and found inconsistencies between the kitchen, the SaLT recommendation, their care plan, white board in the nursing office and the food and fluid records. We found the SaLT recommendations, care plan and kitchen documented the person required a soft diet and custard thick fluids. The white board in the nursing office and the food and fluid records indicated the person required a puree diet and the fluid consistency was not recorded. We looked at the food records to determine the foods received which were documented as a pureed diet.

The nutritional plan and fluid charts did not document people's recommended daily fluid intake. The white board in the nursing office and the food and fluid records did not document the consistency people required their fluids. This meant staff did not have the required guidance to inform them and exposed people to the risk of harm.

This was a breach of Regulation 14 (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider could not demonstrate they were meeting people's nutritional and hydration needs.

We informed the management following the inspection of our observations and they acknowledged there was work to be done in regards to demonstrating that people's assessed needs were being met. On the second inspection visit, we saw the food and fluid charts had been amended and contained all the required information, the kitchen board and white board corresponded and information regarding people's fluids was recorded. There was dysphagia information in the kitchen file and a meeting had been arranged to discuss our finding with staff. The registered manager had also included nutritional checks on their daily walk round, scheduled weekly meetings with the chef and included checks on the dining audit to ensure continued monitoring was undertaken.

Although we have acknowledged the improvements made, we have maintained there was a breach of the regulation as it was the inspection team that identified the issues and indicated a timeframe in which they would return. Whether a repetition of those breaches is likely to be found will only be determined when the commission undertakes it's next unannounced inspection. At the current time, the internal systems at Laburnum Court remain untested and on that basis we cannot retract from the fact that there had been a breach of the regulations.

We looked at the training and professional development staff received to ensure they were fully supported and qualified to undertake their roles. The induction consisted of staff completing specialised training, the care certificate and shadowing experienced staff. We saw 24 staff had completed the care certificate at the time of the inspection. The care certificate assesses the fundamental skills, knowledge and behaviours that are required to provide safe, effective and compassionate care. It is awarded to care staff when they demonstrate that they meet the 15 care certificate standards which include; caring with privacy and dignity, awareness of mental health, safeguarding, communication and infection control.

People who used the service told us they thought the staff had the skills and experience necessary to

provide them with effective support. Comments included; "The staff know what they are doing. I have a lot of medical needs and they manage them well." "They must be well trained" and "They know how to care for you." Staff told us they received sufficient training to ensure they were competent in their role. We looked at the training matrix, which showed staff had access to a comprehensive training programme. Staff had attended training such as; basic life support, medicines, safeguarding, child protection, dementia care, mental capacity and DoLS, equality and diversity, fire, first aid, infection control, information governance, pressure ulcer care, health and safety, moving and handling.

Staff told us they felt supported and were provided with regular supervision and had an annual appraisal of their work performance. We looked at the supervision records of 10 staff members and noted these were done in line with the provider's policy.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA 2005. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).We found that the registered manager had effective systems in place to manage DoLS and mental capacity assessments had been completed with people to determine whether they had capacity to make specific decisions. Where it had been identified a person did not have capacity to consent to their care and treatment, the registered manager had completed standard authorisations which had been submitted to the local authority. Staff completed training and demonstrated role specific knowledge and understanding regarding mental capacity and DoLS in relation to people in their care.

Good

Is the service caring?

Our findings

The majority of people and their relatives we spoke with during the inspection were positive about the care staff. One person couldn't praise the staff enough, saying; "I want to praise the two maintenance men for helping me too. They get my paper for me and help in any way they can. All the staff are very kind and understanding." Other comments included; "The staff are very kind and we have a good laugh together." "The staff are kind and caring, they have been great with me, and I have a good laugh with them." "The staff are kind and understanding as to my needs." A relative told us; "I have never met nicer staff. Everyone here, the carers, cleaners and maintenance. The staff are all patient and understanding." However, one person said; "The staff are caring, yes, fine up to now, some of them can sometimes be a bit stroppy, I think they are overworked."

We saw staff interaction which was friendly and caring. People were calm and relaxed in the presence of staff. The registered manager gave us an initial tour of the home and we observed people were familiar with the registered manager and approached them for a hug and a chat. We observed staff used appropriate physical contact when comforting people and crouched down to people's eye level when speaking with them.

We saw staff pre-empted people's needs which helped people to be more comfortable. For example; we observed one person had their head on the table in the Lowry dining room which staff were quick to note and offer support. The person told staff they were okay where they were but staff encouraged the person to go in to the lounge or their bedroom and voiced that it would be more comfortable for them. Staff sat rubbing the persons back whilst encouraging them to sit somewhere more comfortable. The person responded to the staff member and got up smiling and walked out with the staff member to the lounge. We observed another staff member observed a person that was not wearing their glasses. They asked person if they could put their glasses on for them, we observed [person] touch their face and then nod their agreement. On another occasion staff identified that a person may be more comfortable with a blanket so they asked the person and brought them a blanket. This showed staff were attentive and tended to people's wellbeing.

We saw people were offered choice and staff accepted their wishes. People's files were stored securely to ensure people's confidential information was protected.

We saw, in people's care plans, consideration had been given to people's equality and diversity needs. The care records indicated details of the person's relationships, whether they had a spouse, civil partner or partner. Consideration was also given during the care planning process to people's faith or religious needs and how or whether people wished to actively practice their religion. There was communication information and whether people had a sensory impairment and their support needs in relation to this was captured.

People told us their independence was promoted and that they didn't feel rushed when staff provided support during care tasks. One person said; "The staff are patient and give me time to do things myself." A second person told us; "They don't hurry me, I pretend to hurry the staff up for a laugh."

During the inspection we saw people's dignity was maintained and their privacy was respected. Personal care was provided in people's bedrooms and the bathrooms. Doors were closed behind people and staff were observed to be discreet when approaching people and offering them the toilet. Staff were observed knocking on people's door and awaiting an answer before entering.

On the day of the inspection four care staff had commenced on end of life (EoL) training (six steps). We spoke with the health care professional that was facilitating the programme who was positive regarding the steps made by the provider to stabilise the staff team in order to engage with the programme. At the time of the inspection, the EoL champions were CHAPS which we were told were; "Very knowledgeable, motivated and just required reassurance and a confidence check." At the time of the inspection, the home did not have a syringe driver and were supported by the district nursing team. Syringe drivers are used for delivering pain relief medications under the skin, usually over 24 hours; often used when other routes of administration are not suitable. The aim of the registered manager was that all staff would complete EoL training and people living at the home would have the option to stay in the home when nearing the end of their life with the staff that they are familiar with and had formulated bonds.

Good

Is the service responsive?

Our findings

People living at the home told us they received a service that was responsive to their needs and they felt listened to and given time by staff to express their opinions, wishes and feelings. One person told us; "Staff know what I like and they all take the time to talk to me. I'm fairly independent, I sit in the lounge because I want to and I go to bed when I like." Other comments included; "I do what I want. If I had any worries, I'd speak with staff. They treat me like a person." "I feel my needs are met and staff understand what I need." "The staff got to know me. They bring me a paper every day with a coffee."

The provider had processes in place to assess and plan for people's needs, choice and abilities prior to admission. We saw completed, 'pre-admission' documents had been completed prior to people being accepted in to the service. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required.

Each care file we viewed contained an introductory page which included basic information about the person, including name, date of birth, preferred or used name, room number and information about their background, such as place of birth, marital status, former occupation/s, ethnicity and service number.

Each person had a number of care plans in place, the amount being related to their individual needs and level of assessed risk. Care plans covered areas such as personal hygiene, mobility, dietary requirements and skin integrity. They were written sensitively and contained relevant information staff required to support the person effectively and safely with their daily requirements.

Additionally care files included a likes and dislikes section, which covered areas such as activities and nutrition, with each person indicating how they would like to spend their time and what they liked to eat and drink. A dependency assessment was also present which looked at the information provided on the initial assessments and re assessments to ensure all information about the person was still correct.

We looked how frequently each person's care was reviewed and who was involved in this process. We saw that care plans were reviewed monthly by a member of staff; however, we noted that any change in the persons need was only captured in the review part of the care plan and not in the main body. This made it hard for staff to identify the changes in the person's daily requirements. We spoke to the registered manager about this who told us she would address this and ensure all new information was captured in the main summary.

Daily reports provided evidence to show people had received care and support in line with their care plans. We viewed sample records and found they were written in a sensitive way and contained relevant information which was individual to the person. These records enabled all staff to monitor and respond to any changes in a person's well-being.

As part of the inspection we looked at the activity programme provided by the home. We asked people for

their views and received mixed opinions regarding the activities available. One person told us; "I have never done any activities and I don't want to. "Other comments included; "We play cards and I like getting out. We don't have any singers or anything like that and if we did I bet they'd be terrible." "There are no activities but I would like to do some exercises and things to join in with."

The registered manager told us the service employed an activities coordinator on a full time basis. At the first inspection visit the activities coordinator was on annual leave, however, they had left a detailed file of example activities which were done each day. We saw examples of arts and crafts, baking, knitting, and laundry sorting and memory cards. The registered manager told us the activities coordinator was required to submit a monthly report to evidence the activities which had been done that month. This would then be signed off by the registered manager. On the second inspection visit, we observed card making, arts and one to one activities being undertaken which staff also participated in.

The service had an electrical, 'quality of life' (QOL) system in place. This was an online tool designed to gather information around the quality of the service and obtain feedback from people, their relatives and visitors by means of completing questionnaires via an I pad. The registered manager told us, "A member of staff is identified to assist people who may struggle with the I pad. This is to ensure we capture everybody's view." We looked at the results of the resident's feedback and noted people were overall happy with the service provided. Any negative comments had been actioned by the registered manager and a report created to evidence outcomes.

We looked at how complaints were handled. The service had effective systems in place for people to use if they had a concern or were not happy with the service provided to them. A complaints file was in place and detailed each issue. Each complaint received was documented on a concerns and complaints log which included date received, who raised the complaint details of the complaint or concern and action taken. We noted the service had received 17 complaints over a 12 month period. Some of these complaints were day to day issues such as person's clothing item missing. The registered manager stated, "I want to be open and transparent, therefore I ensure I log everything no matter how small."

We asked people and their relatives about making complaints, they told us they would approach staff or the nurse to raise a concern and had confidence that there issue would be resolved.

The service had also received a number of compliments. One stated, "I am writing to send you all my sincere thanks and appreciation all of your care at Laburnum. From management to kitchen staff. However most of all the care staff. Every effort was made by all to be tender and treat [my relative] with respect and dignity."

Requires Improvement

Is the service well-led?

Our findings

The home had a registered manager in post, who had been registered with the Care Quality Commission (CQC) to manage the home since 07 December 2015.

The breaches of regulation 12 and 14 identified during the inspection mean the service was not being delivered in line with legal requirements. The service was found to be rated as requires improvement in well led as the audit and governance systems in place were not robust enough to ensure the regulations were being met.

Providers rated as good are meeting the standards set out in the regulations and display the characteristics of good care. That is, to be rated good means more than just meeting the standards set out in the regulations.

The electrobic system in place; 'quality of life' (QOL) system also covered audits such as, MCA bedrails ensuring the right information was in people's files and whether reviews have been done. The registered manager said care plan audits were done a minimum of seven per week and these were done by the nurse or CHAP. We were told If anything is identified then it alerts the registered manager who is then responsible to action and ensure it is complete. We also saw regular compliance visits were undertaken by the regional manager and action plans formulated with timeframes identified to action their findings.

Records showed the registered manager regularly undertook a 'walk-about' within the home. Areas such as maintenance, staffing, resident falls, documentation, activities, pressure equipment settings and call bell response times were monitored. This showed the registered manager was proactive in monitoring the quality of care.

Feedback was obtained from staff through a colleague engagement survey which was done annually. The results were obtained and analysed with human resources (HR) and the registered manager and HR discussed the results and determined actions proceeding forward.

We saw a comment box in reception and a 'you said we did board' with survey results and what the actions to address the outcomes were.

The registered manager was visible throughout the inspection and people and the majority of relatives spoken with during the inspection spoke highly of the home. People's comments included; "It is a good home not bad at all, I can't complain. I would recommend it to others." "I like living here, I have no quarrels. I'm happy here." "It is a good home. It's the best as you are not constantly watched and it feels like home."

Relative comments included; "The home is; marvellous, staff are kind, I think it's excellent here. The registered manager is always willing to help. I'd definitely recommend here." "I think all homes are the same but I don't think there is enough discipline and staff are on their phones which I don't like." "I think the home

is nice, it's bright, staff are attentive and we get along."

Staff described an open and transparent culture and told us they felt supported by the registered manager. Staff comments included; "The registered manager is lovely. Very approachable. They tell us all the time, any concerns or problems then please come and see me." "I love working here, it's a nice place to work." "I love it here. The registered manager is top. I get on well with them, they are approachable an I would go straight to them if I had a concern." "The registered manager is approachable. They come on the floor and help out when it's needed." "I like the registered manager. For me personally they have been amazing. Nothing is a problem, they sort it out for you."

We saw staff meetings were held regularly and staff told us they felt included in meetings and were able to have their say.

Records showed the last residents' meeting was held on 16 May 2017. Topics covered included activities, care plans, food choices, laundry and any other business which concentrated on people's satisfaction, how to raise complaints and the on-going redecoration of the home.

Up to date policies and procedure were in place, for example in relation to safeguarding, whistleblowing, medicines management, complaints and infection control. This helped to ensure current, up to date, guidelines were being followed.

Providers are required by law to notify CQC of certain events in the service such as serious injuries, deaths and deprivation of liberty safeguard applications. Records we looked at confirmed that CQC had received all the required notifications in a timely way from the service. However, we received information of concern from the local authority and other health professionals regarding time frames and responses from the provider and registered manager when safeguarding information was requested or actions were required following a review. We have asked to be informed by parties concerned if this continues to be their experience and will continue to monitor this.

As is required by law, we saw that our last inspection judgements were displayed on the provider website and were visible in the reception area at Laburnum Court.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have systems in place to manage medicines safely.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs The provider did not have in place effective systems to manage and support peoples nutrition and hydration needs safely.