Four Seasons (Bamford) Limited

Laburnum Court Care Home

Inspection report

8 Priory Grove
Off Lower Broughton Road
Salford
Greater Manchester
M7 2HT

Tel: 01617080171

Date of inspection visit:
14 March 2016

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

This unannounced focused Inspection was undertaken on the 14 March 2016.

Laburnum Court provides nursing and personal care. It is one of 43 locations registered under the provider, Four Seasons (Bamford) Limited. The home has a dedicated unit for dementia care on the ground floor called 'The Lowry.' On the first floor the service has a nursing and personal care unit, which is called 'The Priory.' The home is situated in a residential area of Salford.

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.

As part of this focused inspection we checked to see that improvements had been implemented by the service in order to meet legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Laburnum Court Care Home on our website at www.cqc.org.uk.

During our last inspection on 03 November 2015, we found that the provider had failed to maintain accurate and complete contemporaneous records for people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found care files were very cumbersome and not sequential in presentation order. A number of care plans were incomplete and lacked up to date information, such as people's weights and there were instances where reviews had not been documented. A number of care plans did not contain any written consent for the care and treatment provided. We also found that records did not accurately represent people's health needs.

As part of this inspection we looked at 12 care files about people who had used the service. The service had introduced new documentation and the quality of care files generally had improved. Care records provided guidance to staff about people's care and treatments needs. However, in each file we looked at there was a 'My Choices Booklet.' This had the potential to provide very detailed person centred information about the individual who used the service. In each care file we looked at, the 'My Choices Booklet' had not been completed. Additionally, written consent had not been consistently obtained in respect of photographs and care plan agreements.

This continues to be breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found the service failed to maintain accurate and complete contemporaneous records for people who used the service.

In advance of our inspection we also received information of concern about the service, informing us that the home was not maintaining high standards of cleanliness. As part of this inspection, we checked the

standards of cleanliness and working practices at Laburnum Court Care Home in respect of infection control and prevention.

We visited both the dedicated unit for dementia care on the ground floor called 'The Lowry,' and the nursing and personal care unit, which is called 'The Priory, situated on the first floor. We found evidence that staff were using both gloves and aprons when delivering personal care and at meal times. We found glove and apron dispenser units were well stocked. We saw that hand hygiene facilities were available in communal toilets, bathrooms and in people's bedrooms.

During our visit, we observed domestic cleaners present throughout the home. The home was clean without any unpleasant smells. We observed lunch on both units and observed that staff were suitably dressed and protected when supporting people. Dirty dishes and food were not left unsupervised and removed at the earliest opportunity. We saw staff regularly washing their hands during this period. This helped reduce the spread of infections.

During our visit we did observe that two lounge carpets on the first floor were worn and stained. The manager was able to demonstrate that replacement carpets had been ordered for these communal areas together with several bedrooms.

In response to the concerns we had raised, the service implemented an action to plan to ensure high standards of cleanliness were maintained at all times, which included supervision with staff and regular quality assurance audits by managers. The service had also arranged further practical training in respect of hand hygiene practices with Salford City Council Community Infection Control Team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

We found evidence that staff were using both gloves and aprons when delivering personal care and at meal times.

The home was clean without any unpleasant smells. We observed lunch on both units and observed that staff were suitably dressed and protected when supporting people.

In response to the concerns we had raised, the service had implemented an action to plan to ensure high standards of cleanliness were maintained at all times, which included supervision with staff and regular quality assurance audits by managers.

Is the service well-led?

Requires Improvement

We found that the provider had failed to maintain accurate and complete contemporaneous records for people who used the service.

Written consent had not been consistently obtained in respect of photographs and care plan agreements.

We only looked at aspects od the service relating to the breach of regulation, rather than looking at the whole question relating to 'well-led.' We will review this during our next planned comprehensive inspection.

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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced focused inspection at Laburnum Court Care Home on the 14 March 2016. This inspection was undertaken to ensure that improvements that were required to meet legal requirements had been implemented by the service following our last inspection on 03 November 2015.

The inspection was undertaken by one adult social care Inspector. Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals.

We also reviewed the action taken by the provider following our previous inspection, who wrote to us explaining what action the service had taken to meet legal requirements. During the inspection we spoke with the regional manager, the temporary home manager, the deputy manager and clinical lead for the service.

Throughout our visit, we observed care and treatment being delivered in communal areas that included lounges and dining areas. We also looked at bedrooms and people's bedrooms. We also looked at people's care records.

Good

Is the service safe?

Our findings

In advance of our inspection we received information of concern about the service, informing us that the home was not maintaining high standards of cleanliness. As part of this inspection, we checked the standards of cleanliness and working practices at Laburnum Court Care Home in respect of infection control and prevention.

We visited both the dedicated unit for dementia care on the ground floor called 'The Lowry,' and the nursing and personal care unit, which is called 'The Priory, situated on the first floor. We found evidence that staff were using both gloves and aprons when delivering personal care and at meal times. We found glove and apron dispenser units were well stocked. We saw that hand hygiene facilities were available in communal toilets, bathrooms and in people's bedrooms. We saw fully stocked liquid soap and paper towels dispensers. All communal sink areas were clearly displaying the Hand Hygiene Posters. Corridors were clean and free of any obstructions.

During our visit, we observed domestic cleaners present throughout the home. The home was clean without any unpleasant smells. We observed lunch on both units and observed that staff were suitably dressed and protected when supporting people. Dirty dishes and food were not left unsupervised and removed at the earliest opportunity. We saw staff regularly washing their hands during this period. This helped reduce the spread of infections.

During our visit we did observe that two lounge carpets on the first floor were worn and stained. The manager was able to demonstrate that replacement carpets had been ordered for these communal areas together with several bedrooms.

Part of the information of concern we received related to moving and handling practices relating to one person at the home with specific needs. During our visit we discussed these concerns with managers and reviewed the person's care plan. During our visit a manager from another home, who was a moving and handling trainer attended and assessed the person's needs in response to the concerns raised. We saw that this person's care plan was updated with specific guidance for staff when supporting this person when walking. During our visit we did not observe any moving and handling practices used by staff that gave us any concerns.

In response to the concerns we had raised, the service had implemented an action to plan to ensure high standards of cleanliness were maintained at all times, which included supervision with staff and regular quality assurance audits by managers. The service had also arranged further practical training in respect of hand hygiene practices with Salford City Council Community Infection Control Team.

Requires Improvement

Is the service well-led?

Our findings

During our last inspection on 03 November 2015, we found that the provider had failed to maintain accurate and complete contemporaneous records for people who used the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found care files were very cumbersome and not sequential in presentation order. A number of care plans were incomplete and lacked up to date information, such as people's weights and there were instances where reviews had not been documented. A number of care plans did not contain any written consent for the care and treatment provided. We also found that records did not accurately represent people's health needs.

As part of this inspection we looked at 12 care file records about people who had used the service. The service had introduced new documentation, and the quality of care files had generally had improved. Care records provided guidance to staff about people's care and treatments needs. However, in each file we looked at there was a 'My choices Booklet.' This had the potential to provide very detailed person centred information about the individual who used the service. In each care file we looked at, 'My Choices Booklet' had not been completed. Additionally, written consent had not been consistently obtained in respect of photographs and care plan agreements.

This continues to be breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in relation to good governance. We found the service failed to maintain accurate and complete contemporaneous records for people who used the service.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to maintain accurate and complete contemporaneous records for people who used the service.

The enforcement action we took:

CQC is currently considering its options in relation to this matter.