

ARMSCARE Limited

Laburnum Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

Laburnum Lodge is registered to provide accommodation and personal care, without nursing, to up to 22 people. On the day of the inspection there were 14 people living at the home. The home is a converted and extended period property, located at the end of Main Street in Littleport. Accommodation is offered on two floors, with a stair-lift to access the first floor.

This inspection took place on 28 May and 11 June 2015 and was unannounced. The last inspection of this home was on 03 September 2014. At that time we found that

the provider did not have an effective system in place to audit and monitor the quality of the service that people received. We also found that the provider did not have suitable arrangements in place to ensure that records required for the safe operation of the service were being maintained effectively. The provider wrote and told us they would be compliant with all the regulations by 05 November 2014. During this inspection we found that the necessary improvements had been made.

Summary of findings

This service requires a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider had appointed a manager who told us she was in the process of submitting an application to the Commission to be registered.

People, their relatives and the health and social care professionals we spoke with were all very complimentary about all aspects of the service offered at Laburnum Lodge. They praised the staff and the manager. They particularly liked the atmosphere in the home and the ethos of treating each person as an individual.

The service was safe because there were enough staff on duty to meet people's needs. Staff had been trained and were able to recognise and report abuse appropriately. All the required pre-employment checks had been carried out before staff started to work at the home. Any potential risks to people were managed so that the risks were minimised. People were given their medicines safely.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS), which apply to care services. People's capacity to make decisions for themselves had been assessed. This meant that the rights of people not able to make their own decisions about aspects of their care were protected.

People were given sufficient amounts of nutritious, appetizing food and drink and were supported to make choices about all aspects of their daily lives. Special diets were provided for people who needed them. People's health was monitored and maintained by staff with the involvement of a range of healthcare professionals.

Relationships between people who lived at Laburnum Lodge and the staff were very good and staff showed they cared about the people they were looking after. Staff treated people well and respected their privacy and dignity. People were encouraged to remain as independent as possible.

People and their relatives were involved in the planning and reviewing of their care. Detailed information was available to staff so that each person received the care and support they needed in the way they preferred. A range of activities, outings and entertainments were offered to people and there were links with the local community.

The home was managed well. People, their relatives and the staff were encouraged to give their views about the home and put forward their ideas for improvements. People knew how to complain and felt comfortable with raising any issues with the management team. An effective system was in place to monitor and audit the quality of the service being provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were trained and knowledgeable about how to safeguard people and keep them safe from harm and abuse.

There were enough staff on duty to meet people's needs. An effective recruitment procedure ensured that only staff suitable to work in a care home were employed.

Measures were in place to make sure that any potential risks to people were minimised.

Good



Is the service effective?

The service was effective.

Staff received training and support to make sure they were knowledgeable and competent to carry out their role.

Appropriate arrangements were in place so that people's rights were protected if they did not have the mental capacity to make decisions for themselves.

People were provided with sufficient food and drink to meet their nutritional needs. Healthcare professionals were involved to make sure that people's health was monitored and maintained.

Good



Is the service caring?

The service was caring.

People were cared for in a way that respected their privacy and dignity. People were encouraged and supported to remain as independent as possible.

Staff were friendly, calm and kind to people. They showed they cared about the people they were supporting.

Visitors were made to feel welcome at any time and were encouraged to join in whatever was going on.

Good



Is the service responsive?

The service was responsive.

People were involved in planning their care and support. Care plans gave staff detailed information on how to support people and keep them safe and the plans were reviewed and updated regularly.

A range of activities, outings and entertainments were offered to people and there were links with the local community.

People knew how to complain if they needed to.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

The manager was highly regarded by people who lived at the home, by relatives and by staff. Staff were supported well.

There was an effective system in place to monitor the quality of the service that was provided to people.

People and staff were encouraged and supported to put forward ideas and suggestions for the improvement of the home.

Laburnum Lodge

Detailed findings

Background to this inspection

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

This inspection was carried out by two inspectors 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 looked at information we held about the service and used this information as part of our

inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about.

We observed how the staff interacted with people who lived at Laburnum Lodge. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with four people who lived at the home, three of their relatives, five staff (three care staff, one cook, and one housekeeper), the manager and the area manager. We looked at two people's care records as well as some other records relating to the management of the home. These included staff recruitment files, staff training records and some of the quality assurance audits that had been carried out. Following the inspection we spoke with two health and social care professionals who had had regular contact with the home.

Is the service safe?

Our findings

People told us they felt safe at Laburnum Lodge. One person said, “Oh yes, I feel safe here” and another told us, “I feel safe living here.” A relative told us, “I am confident that my [family member] is safe here.” One of the health and social care professionals said they had confidence that people were safe at the home.

Staff confirmed that they had received training in keeping people safe from abuse and harm. They demonstrated that they could recognise abuse and would report any concerns appropriately. They were familiar with the role of the safeguarding team in the area and had telephone numbers to ring if they had any concerns. The area manager gave an example of a safeguarding issue that had been appropriately reported to the local safeguarding team. They told us about the ways in which staff had worked well with the safeguarding team and the police to ensure that people who lived at the home had not been at any risk of abuse. The manager told us that she had a good relationship with the local team and if she was unsure about anything she always rang for their advice. This meant that the provider had an effective system in place to keep people safe from abuse.

There were systems in place to reduce the risk of people being harmed. For example, any potential risks to people had been assessed. Actions and guidance for staff had been put in place to make sure that staff knew how to minimise the risks to each individual. Staff gave us examples of ways in which they reduced risks, such as regularly repositioning a person at risk of developing pressure areas and recording food intake if someone was at risk of malnutrition. One member of staff told us about how they worked with one person to enable them to safely help with clearing the tables after a meal, which reduced the person’s anxiety levels. One member of staff told us, “Risks can be reduced to enable people to do the things they always did. It’s about supporting people to do things rather than saying ‘no.’”

On the day of the inspection we noted that there were enough staff on duty to meet people’s needs and keep people safe. Staff were busy all the time, but were not rushed and had time to stop and chat with people. Staff confirmed that a recent increase in the number of staff on duty during the mornings had helped a great deal. They told us that there were enough staff. One member of staff said that one of the reasons they liked working at Laburnum Lodge was because there was enough time to talk to people, especially those who had decided to stay in their bedroom. This meant that the provider had systems in place to ensure there was a sufficient number of staff on duty.

Staff told us that all the required checks had been undertaken before they started work at the home. One recently appointed member of staff told us they had had to write reasons for gaps in their employment history on their application form and that they had completed a health declaration. Staff personnel files confirmed that satisfactory checks had been received before the new staff member started work. This meant that the provider had taken appropriate steps to ensure that staff they employed were suitable to work at this care home.

People were satisfied that they received their medicines at the right time and when they needed them. They and their relatives told us that staff giving people their medicines always waited to make sure the medicine had been taken. Staff who administered medicines confirmed that they had received training and that their competency to administer medicines was regularly assessed by senior staff. We noted that the arrangements for the storage, handling and disposal of medication were satisfactory. Accurate records of medication received into the home, administered and disposed of were maintained. We checked the amounts of some medicines remaining in their original packets. We found that the amount tallied with the number received, less the number recorded as having been given. This meant that people were given their medicines safely and as they were prescribed.

Is the service effective?

Our findings

Everyone we spoke with felt that their, or their family member's needs were being met and that the staff were competent. Staff confirmed that they had received an induction from an experienced member of staff when they started working at the home. They told us they had undertaken training in assisting people to move and in safeguarding before they started work. Since then they had undertaken a range of training in topics relevant to the work they performed. Staff said they received regular supervision from the manager or area manager. The manager told us she had not yet introduced an appraisal system but would soon be doing so.

The manager told us, and staff confirmed that staff had received training on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about mental capacity and gave examples of when the MCA and DoLS would need to be considered. The computerised care record system in use at the home included a series of questions relating to a person's mental capacity. The answers to the questions determined whether or not an application for a DoLS authorisation was required. At the time of the inspection the assessments had concluded that applications were not required as no-one was being deprived of their liberty. One of the health and social care professionals told us they had discussed DoLS with the manager and was confident she would act appropriately when needed. This meant that the rights of people who could not make their own decisions were being upheld in line with the law.

People and their relatives spoke very favourably about the quality, quantity and choice of food that was provided. One person said, "I can't find fault with the food. There's a choice every day and everything is placed so nicely on the plate." Another person told us, "There's more than enough to eat." Relatives described the food as "excellent" and "very good" and one said, "There's plenty of it."

A choice of drinks and snacks was available throughout the day. One person told us, "They give me plenty to drink." We saw that staff assisted people with their drinks, if they needed assistance, and made sure each person had an appropriate drinking vessel. Staff gave each person the time they needed and did not try to rush them. Special diets were provided to people who required them and people were referred to a dietician when needed. This showed us that people at an increased risk of malnutrition or dehydration were provided with drink and meal options which supported their health and well-being. We noted that where people's intake of food or fluid was being monitored, the charts were completed accurately.

People told us that their health care needs were met. Records confirmed that people were supported to access the services of a range of healthcare professionals, such as the community nurses, the GP, the dietician and the community psychiatric nurse. Staff made referrals to the healthcare professionals that were appropriate to each person's needs. This meant that people were supported to maintain good health and well-being.

Is the service caring?

Our findings

People, their relatives and the professionals we spoke with told us that the staff were very caring. We received positive comments about the staff from everyone. One person told us, "There's never a fault with the staff, all [the staff] are absolutely fantastic." Another person said, "This is a good place here. The staff are all so lovely." A relative said, "I think it's first class, the staff are excellent...and very kind." One family had written, in the local paper, "We cannot thank [the staff] enough for providing a home where [our family member] could spend their last days with dignity and fun."

We saw that people who lived at the home, their relatives and the staff had warm, friendly relationships with each other. Staff spent a lot of time chatting with people and there was a lot of laughter. People were very comfortable with the staff. One person said, "I am friends with most of the girls but I call [name of staff member] my best friend." Staff made sure that people who had chosen to remain in their rooms were not left alone for long periods of time. Staff checked on them regularly, often stopping for a chat or to have a cup of coffee with someone.

Staff gave people opportunities to make choices about the way they led their lives. One person told us, "I can get up when I'm ready." Another person said, "I don't have a bath at all. It's my choice." We saw that people were offered choices throughout the day and that staff respected the choices people made. For example, one member of staff offered to play a game with someone who liked playing games, but the person refused. The staff member said that was fine and to let them know if the person changed their mind later. People said they could choose where they sat to eat their meal. We saw staff offering to assist people to the dining table but respecting each person's decision if they wanted to remain in their armchair or in their bedroom.

One of the health and social care professionals told us that they liked the care people were getting and the respect that staff showed people. They said they had recently met with three people who lived at the home and their relatives and there were no negative comments about the staff from any of them. Another professional, who had had contact with

the home for a number of years, had been impressed by the way staff were now "more caring" and the way they had started to treat people as individuals. They said, "The ethos has changed: each person is an individual."

We saw that staff showed respect for people's privacy and supported people to maintain their dignity and independence. Staff knocked on people's doors and waited to be invited in. People's clothes were clean and tidy and assistance with personal care was offered discretely. At lunchtime people were given the support they needed to enable them to remain as independent as possible. For instance, some people could manage to eat their meal unaided if the food was cut into pieces.

People told us they felt able to talk to staff about their care needs and said that staff knew their needs well. A professional said they liked the way staff spoke to people who lived at the home and the way that staff included people in everything. They went on to say that staff were very good at knowing about "the little things that are so important to people."

Staff were calm and patient in their dealings with people and did not make people feel rushed at all. For example, when medicines were being given, the member of staff talked with each person and explained what the medicines were and what they were for. This was done discretely and put people at their ease.

Staff told us, and our observations confirmed that staff enjoyed working at Laburnum Lodge. One staff member who had recently returned to work at the home told us that "things have changed for the better." They said, "The care is one hundred times better and the residents are happier." Another staff member said, "I like working here. It is a friendly home and very caring. The manager ensures we look after people properly."

People told us that their relatives could visit at any time and relatives confirmed that there were no restrictions on visiting. Staff reported that some relatives chose to visit their family member every day. Relatives said they were always made to feel welcome and they knew that they could continue helping to care for their family member in any way they wanted to. Care records showed that people were supported to access advocacy services if they wanted to, or if their level of understanding meant that an independent view about their care was required.

Is the service responsive?

Our findings

Care records showed that people, and their relatives when appropriate, had been involved in deciding the care that the person needed and how they wanted their care to be delivered by the staff. A detailed assessment of each person's needs had been undertaken by staff before the person was admitted to the home. This helped staff provide individualised care based on the things that were important to each person. People were involved in reviews of their care so that they could make changes when needed. Staff were fully aware of each person's care needs. Senior staff told us that a meeting for seniors was held each month, which gave them the opportunity to discuss each person's care and whether any changes were needed.

Care plans gave staff clear, detailed guidance on how to support and care for each person, in the way the person wanted. For example, care plans related to medicines described the way in which the person preferred to take their medicine. The plan detailed the level of support the person needed to take their medicines, whilst remaining as independent as possible. Care plans had been updated at least monthly to reflect any changes in the person's care and support needs. Staff wrote daily notes to describe how each person had spent their day. The notes were detailed and gave a good picture of what each person had eaten, how they were feeling and what they had done.

Staff showed us that they knew people's preferences for activities they wanted to do during the day. Staff knew, and people confirmed, that what people liked most was for staff to stop and have a chat. However, some people enjoyed doing other things and a range of activities was on offer. People and their relatives told us about the 'activities lady' who still visited the home each Friday. This volunteer had been entertaining people at Laburnum Lodge for a number

of years. She ran quizzes, led sing-a-longs, played games and generally kept people entertained. A relative had said, at a meeting for 'residents and relatives', "We especially like the entertainment lady. She is brilliant and a lot of fun."

We also heard, and saw pictures on a board in the corridor, about the parties that had been held and the outings that people had participated in. For example, there had been a trip to a local farm and several of the men had enjoyed a tractor festival in the town. People liked to visit a local café where food "based on years ago" was served. People were still talking about the VE Day celebrations they had joined in. The home had links with the local community, such as people could go to church if they wanted to and one person liked to visit the local hairdresser. This meant that people had things to do which kept them occupied and provided stimulation.

Staff demonstrated to us that they knew how to support people if they wanted to raise a concern. They said they would do what they could to find out what the problem was and resolve it if they could. They would report to the manager so that any permanent changes to care or support would be communicated to the whole team. Staff also knew how to refer people to the more formal complaints procedure if that was required. People said they would be comfortable speaking to staff or the manager if anything was wrong. One person said, "I would complain to the nurse and tell her that I want to see somebody." Relatives also said they would be comfortable to speak with the manager on behalf of their family member if they needed to. However, they all told us they had not had any reason to complain.

Regular meetings were held so that people and their relatives could express their views about the service being delivered and make suggestions about what they would like to do. The meetings were used by the management team to communicate any changes in the service to people. We saw that minutes were kept of the meetings, and displayed for everyone to read.

Is the service well-led?

Our findings

During our inspection of Laburnum Lodge on 03 September 2014 we found that the provider did not have an effective system in place to audit and monitor the quality of the service that they were providing to people. The audit tool they were using was not robust enough to evidence that quality monitoring had taken place and that the service being delivered by staff was meeting people's needs. This meant that the provider was in breach of regulation 10(1)(a) Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 of the HSCA 2008 (Regulated Activities) Regulations 2014. During this inspection on 28 May and 11 June 2015 we found that the necessary improvements had been made.

Also during our inspection on 03 September 2014 we found that the provider did not have suitable arrangements in place to ensure that records required for the safe operation of the service were being maintained effectively. Staff had not been trained to be able to fully access the electronic care records; there was no system to accurately record the dates of people's healthcare appointments and ensure that future appointments were kept; and staff duty rotas were not accurate. This meant that the provider was in breach of regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1) and (2)(c) of the HSCA 2008 (Regulated Activities) Regulations 2014. During this inspection on 28 May and 11 June 2015 we found that the necessary improvements had been made.

People and their relatives were all very complimentary about the home, the staff and the way the home was run. They said that the manager was "seen regularly about the place" so they all knew her. One relative said, "There is good access to the manager, no problem." One person told us, "Not a single fault. I am very happy." Relatives commented, "It's first class" and, "I have no problems with this place whatsoever."

There was no registered manager at Laburnum Lodge. The last registered manager had left in October 2014. The current manager had been in post for four months.

Staff were full of praise for the manager and the direction the home was now moving in. They said "the management is much better" and "[The manager's] done amazing." One said, "[The manager] is a brilliant manager. If I'm having

problems she is always there for me." Another said, "I really like working here. It's a friendly home and very calm." A social care professional told us, "I like the ethos and the atmosphere they're trying to promote. You sense the happy atmosphere as soon as you walk in."

We saw that the home had received a number of compliments. One family had written to the local paper and an article had been written about how pleased the family had been with the care given to their late family member. They were quoted as wanting to give "a heartfelt thank you to all the staff for the care they gave our [family member]...they went the extra mile." Other relatives had attended a 'resident's and relative's meeting' at the home and their comments were recorded in the minutes. One had said, "I am so happy with the care my [family member] is receiving here. My life has changed for the better; I can sleep at night and never feel I need to worry anymore." Another relative had told the meeting, "The atmosphere here is always so welcoming and nice, I really enjoy and look forward to visiting my [family member]."

Staff told us they felt very well supported by the management team. One told us, "I have supervision monthly. I'm always asked for my opinions and what is going well. Any issues are addressed." They said team meetings were held monthly, with dates planned for the year. However, these would be brought forward if the need arose, so that any issues were discussed with the whole staff team as quickly as possible.

Staff were aware of the provider's whistleblowing policy and told us they would not hesitate to report any concerns. One member of staff told us that they were confident that if they blew the whistle, action would be taken. They said that whistleblowing had happened in the past and action had been taken to prevent recurrence of the issue.

Although she had worked at the home for a couple of years, the manager was relatively new to the management role. She told us, "I want to create a happy living and working environment for everyone." Both professionals we spoke with commented that the manager 'still had a lot to learn', but that she was very aware of her inexperience and very willing to seek advice and learn. They were both impressed with the ethos she was demonstrating and the influence she had had on the other staff. Comments included, "The general ethos is very caring and perceptive about people's needs," and, "All in all, the home is doing quite well." The

Is the service well-led?

manager told us she had applied to undertake a level five diploma in care management and that she would be applying to the Care Quality Commission (CQC) to be registered as the manager of the home.

The provider had a system in place to audit and monitor the quality of the service being delivered by the staff. Various aspects of the service were audited regularly, such as care plans, medicine management and health and safety of the environment. Staff received supervision, including spot checks on how they were performing. People and their relatives were given opportunities to

comment on the service. Regular meetings were held and minutes written for everyone to read. Staff told us they were encouraged to give their views about the running of the home. They said that ideas were welcomed, listened to and acted on whenever possible. Staff meetings were held monthly and the management team were available to talk to whenever needed.

Records were maintained as required and kept securely when necessary. Records we held about the service confirmed that notifications had been sent to CQC as required by the regulations.