

Larchwood Care Homes (North) Limited

Willow Brook House

Inspection report

South Road
Corby
Northamptonshire
NN17 1XD

Tel: 01536260940

Date of inspection visit:
27 July 2017
28 July 2017

Date of publication:
03 August 2017

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 ●

Summary of findings

Overall summary

This unannounced inspection took place over two days on the 27 and 28 July 2017.

Willow Brook House provides accommodation for people requiring personal care and is registered to accommodate up to 48 people. At the time of our inspection there were 48 people using the service many of whom were living with Dementia.

There was a registered manager in post. 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.

People received care from sufficient numbers of experienced staff that were supported to carry out their roles to meet the assessed needs of people living at Willow Brook House. Recruitment procedures protected people from receiving unsafe care from care staff unsuited to the role. Staff received training in areas that enabled them to understand and meet the care needs of each person.

People's care and support needs were continually monitored and reviewed to ensure that care was provided in the way that they needed. People had been involved in planning and reviewing their care and had detailed individualised plans of care in place to guide staff in delivering their care and support.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet.

Staff understood the importance of obtaining people's consent when supporting them with their daily living needs. People experienced caring relationships with the staff that provided good interaction by taking the time to listen and understand what people needed.

People's needs were met in line with their individual care plans and assessed needs. Staff took time to get to know people and ensured that people's care was tailored to their individual needs.

People had the information they needed to make a complaint and the service had processes in place to respond to any complaints.

People were supported by a team of staff that had the managerial guidance and support they needed to carry out their roles. The quality of the service was monitored by the audits regularly carried out by the registered manager and provider. The registered manager was accessible and knew people well.

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 ●

The service was Safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Risks to people were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

Is the service effective?

Good ●

The service was Effective.

Staff had completed training relevant to their role that had equipped them with the skills and knowledge to care for people effectively.

There was an induction process in place for new staff to help them to develop the necessary skills.

People were supported to maintain their nutrition and their health was monitored and responded to appropriately.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and people's consent was sought appropriately.

Is the service caring?

Good ●

The service was Caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Is the service responsive?

Good ●

The service was Responsive.

People's care and support was responsive to their needs and personalised to their wishes and preferences.

People knew how to make a complaint and said they would be comfortable to do so.

A programme of activities had been developed that was reflective of people's interests and preferences.

Is the service well-led?

Good ●

The service was Well-led.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

There was a registered manager in place. People knew who the registered manager was and they were able to speak to them should they wish.

Willow Brook House

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 took place over two days on the 27 and 28 July 2017. The inspection was unannounced and the inspection team consisted of one inspector.

Prior to our inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications sent to us by the provider. We also spoke with local health and social care commissioners to gather information about the service.

During this inspection we spoke with seven members of staff including the registered manager, five care staff and the head cook. We also spoke with eight people using the service and two relatives. We undertook general observations in communal areas and during mealtime. 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 reviewed the care records of four people who used the service and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

During our last inspection in August 2016 we found that the provider was in breach of regulation 18 (1) Staffing, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because there were not sufficient numbers of staff deployed to provide people's care and support in a timely manner. The provider did not have a tool to calculate the staffing levels that they needed in the home and we observed that staff appeared to be rushed in their interactions with people.

During this inspection we found that improvements had been made to the way in which the provider calculated the staff levels within the home. People could now be assured that they would be supported by sufficient numbers of staff to provide their care in a timely manner and to have meaningful engagement with people. Comments from people included "There are always enough staff; we don't have to wait too long if we need help," and "It's better now. There are always staff around. I would say that there are enough staff here to help us." One person's relative told us "Whenever I visit there are enough staff. There is always a member of staff on hand if you need to speak to anyone or want to ask for anything. I have no concerns with the staffing here." One member of staff told us "We have enough staff working on shift now; it's much better. We can take our time and it feels calmer in the home."

The provider had introduced a tool to calculate the number of care staff that were required in the home to provide people's care. Since our last inspection the number of staff working in the home on each shift had increased by two members of staff. Staff had time to interact positively with people; throughout our inspection we observed staff taking their time to initiate conversations with people in a calm and unhurried manner.

Risks to people had been assessed and plans of care were in place to provide guidance to staff in mitigating people's assessed risks. Staff were knowledgeable about the steps that they should take to maintain people's safety. One person's relative told us "The staff provide the care that my mother needs to keep her safe and well. Her needs have changed so much but the staff know exactly what to do to keep her safe. They make sure that she drinks enough and that she is repositioned when she needs to be."

Staff followed people's plans of care to maintain their safety. For example, where people were identified as being at risk of pressure ulcers, their risk assessments and care plans were updated to reflect that staff carried out more frequent position changes to relieve people's pressure areas. Staff were vigilant in carrying out the care to prevent pressure ulcers, one member of staff told us "I know who we need to help to reposition and we prioritise that. It's important to make sure people don't develop pressure areas. I always record when I have helped someone to reposition and we must be doing it right because no one has any pressure areas here."

People could be assured that they would receive their prescribed medicines safely. One person told us "They [Care Staff] come and give me my tablets every morning and evening." We observed staff administering people's medicines. Staff wore a red tabard to identify that they should not be disturbed because they were administering medicines to people. This was to prevent staff from becoming distracted

because the provider had recognised that this would increase the likelihood of a medicine error occurring. Staff had received training in how to administer people's medicines and had their competency assessed by senior staff to ensure that they administered people's medicines safely.

People were protected from the risk of harm. One member of staff told us "We report any concerns that we have. If I felt that someone had been harmed I would tell the manager straight away or follow our whistleblowing procedure if I had concerns about what action was taken. I also know that we can contact CQC to report concerns". Staff had received training in how to safeguard people and were confident in applying this learning in their day to day work. Staff were knowledgeable and had a clear understanding of the signs of harm they would look for and explained the action they would take if they suspected someone was at risk of harm. We saw that where concerns had been raised the registered manager had made referrals to the Local Authority Safeguarding Team.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care home. The staff recruitment procedures explored gaps in employment histories, obtaining written references and vetting through the government body Disclosure and Barring Service (DBS). Staff we spoke with confirmed that checks were carried out on them before they commenced their employment.

Is the service effective?

Our findings

People were supported to maintain adequate hydration and nutrition. The management of people's nutrition had improved since our last inspection. People had been supported by the head cook to develop menus for the home. The head cook and registered manager were in the process of creating pictorial menus to support people to choose what food they would like to eat each day.

People told us that they enjoyed the food at Willow Brook House and that they were able to choose meals that they enjoyed. Comments from people included "The food here is very nice" and "We always have a choice of main meals and lunch. If we don't like what is on the menu then we can always choose something different." The timing of the main meal within the home had been changed in response to people's feedback. People had requested that they had the option of a cooked breakfast and a main meal at 5pm rather than at lunchtime and this preference had been accommodated within the home. The head cook commented that "We have far less wastage now and people seem to be eating more. People didn't want their main meal at lunchtime because they were still too full from breakfast so we changed the time of that to the evening. It's worked well and people enjoy it."

People at risk of not eating or drinking enough had been identified through assessments completed by staff. Staff referred people who had been identified as being at risk of malnutrition to their GP and dietitian for further guidance. Staff followed guidance from health professionals to ensure that people were able to have adequate food and drink safely; for example where people had difficulty in swallowing, staff followed the health professionals advice to provide food that had been pureed, or thickened their drinks to help prevent choking.

Staff received the training, supervision and support that they needed to provide people's care. One member of staff told us "The training here is good. I like that we do most of it face to face as I learn better that way." Another member of staff told us "The training and supervision here is good. There is a training program that the manager makes sure we follow and we get regular supervision where we can ask for extra training if we need to." Records showed that staff had accessed training in key areas on a regular basis and that the provider had a plan in place to ensure that training was updated periodically.

New staff received a period of induction before they commenced working independently in the home to ensure that they had the skills and knowledge required to support people effectively. The registered manager told us that this consisted of a period of one to one time with the management team and then a period of working alongside more experienced care staff to gain experience and confidence. New staff undertook the Care Certificate; the Certificate is based on 15 standards and aims to give employers and people who receive care the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

The Mental Capacity Act 2005 (MCA) 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management were knowledgeable and experienced in the requirements of the MCA and DoLS. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate DoLS authorisations had been obtained from the local authority. Senior staff had training in the MCA and DoLS and had a good understanding of service users' rights regarding choice; they carefully considered whether people had the capacity to make specific decisions in their daily lives and where they were unable, decisions were made in their best interests.

People were supported to access health services when they needed to and referrals were made to people's allocated health professionals in a timely manner. Where health professionals had implemented plans of care these were followed by staff in the home. One person's relative told us "They knew exactly when mum was not well and arranged for her to get to the hospital. They are very vigilant of her health needs and have worked closely with her doctor, Occupational Therapist and other professionals."

Is the service caring?

Our findings

People were supported by staff that knew them well and took time to initiate conversation and engagement with them. One person told us "The staff are all so kind and friendly here. It's nice to see a friendly face." Another person told us "I like that I can have a joke with the staff. We share good banter; it makes the day go faster." When we spoke with staff they were able to describe people's personalities, interests and hobbies and clearly knew people well. We observed staff interacting positively with people in the communal areas of the home initiating conversations and developing a relaxed social atmosphere. It was evident that people living in the home felt comfortable in the presence of care staff.

People were treated with dignity and respect. We saw that people were asked discreetly if they would like to use the bathroom and as people were assisted in moving from their chair the staff explained how they would be moved and encouraged them to assist themselves. People's preferences in relation to the gender of carer that supported them were respected by staff and recorded within their plans of care. Staff told us that they promoted people's dignity by ensuring that any personal care was delivered in private and by waiting to be invited into their room when they knocked on people's bedroom door before entering.

People were helped to maintain family relationships. People told us that their relatives were encouraged to visit which helped to make a homely atmosphere. One person told us "I am always having visitors come in to see me. The staff make them feel very welcome and it's nice knowing that people are free to come in and see you." People were able to invite visitors to see them at any time and were supported to maintain the relationships that were important to them. For example, people were supported to continue to attend the same church services as they had done when they lived at home so that they could spend time with friends outside of Willow Brook House and continue to practice their faith. Religious services were also facilitated within the home and people's cultural needs were actively considered by staff and influenced the care and support that people received.

The registered manager had referred people to local advocacy services when required and ensured that people were able to access independent advocates when they needed to.

Is the service responsive?

Our findings

During our last inspection of Willow Brook House in August 2016 we found that the provider was in breach of Regulation 17 (c) of the Health & Social Care Act 2008 (Regulated Activities) Regulations 2014. That was because people's plans of care lacked sufficient detail to ensure people were receiving person centred care and treatment appropriate to meet their needs and to reflect their personal preferences.

During this inspection we found that improvements had been made to the way in which people's plans of care were developed and that they were now reflective of people's preferences, care needs and supported staff in providing consistently personalised care and support.

People had been involved in developing their plans of care to ensure that the support that they received from staff was provided according to their individual preferences. One person told us "The staff sat with me and asked me lots of questions about what I enjoyed doing, what help I needed and made a care plan. All of the staff know just how to help me which is nice." People's plans of care were reflective of their current care and support needs because they were regularly updated as people's needs changed. One member of staff told us "The care plans match the person; they tell us exactly what we need to do. If anyone's needs change then their care plans are updated quickly."

The care and support that people received corresponded to their detailed plans of care. For example people's pressure relieving mattresses were set to the correct pressure for each person's weight and people were helped to change their position to relieve their pressure areas regularly as detailed in their care plans. People who required support with moving and handling to transfer also received this support in a safe and consistent manner.

The provider had recently taken action to improve the activities that were provided within the home. An activities coordinator had been recruited part time and another activities coordinator had been offered a part time post and was due to start working within the home imminently. Volunteers had been sourced to help facilitate regular activities within the home and during our inspection we observed one volunteer working on the dementia floor supporting people to paint their nails. The activities coordinator had spent time with people finding out what activities they would like to do and had purchased resources to facilitate these activities. For example, pampering resources, art resources and cards for card games had recently been purchased. Staff were also in the process of creating a quiet room and accessible kitchen to facilitate activities and groups for people living with dementia.

People knew how to make a complaint and were confident that any complaints would be acted upon. People were provided with accessible information to tell them what to do if they wanted to complain. This information was also made accessible to visitors and relatives in the main lobby of the home. One person's relative told us "I have never needed to make a complaint but know that I can always talk to the manager and I am confident that she would take any concerns seriously and resolve them. I know that there is a complaints policy too but I haven't had to use it." Where complaints had been received these had been appropriately investigated, responded to and action taken to resolve people's complaints. There were

arrangements in place to record complaints that had been raised and what action had been taken about resolving the issues of concern.

Is the service well-led?

Our findings

During our last inspection in August 2016 we found that the provider was in breach of Regulation 17 (1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that shortfalls in the service that had not been resolved by the quality assurance systems that were in place. The provider had identified areas that required improvement however, these were not resolved in a timely manner.

During this inspection we found that the quality assurance systems adopted by the provider had been effective at leveraging improvements in the care and support that people received. There were robust quality assurance systems in place that identified any shortfalls in a timely manner and ensured that these were addressed quickly. Both the registered manager and the provider completed regular audits of key areas in the home to ensure that people were provided with effective care and support. For example; the providers medication audits had highlighted shortfalls in relation to the accuracy of people's Medication Administration Record (MAR) charts and the way in which the administration of people's medicines was recorded. The provider had taken action to change the pharmacy that provided people's prescribed medicines and MAR charts and we found that these documents were accurate and reflective of people's prescribed medicines.

Improvements had been made to the way in which people's plans of care were developed and reviewed as a result of audits completed by the registered manager. The registered manager had identified shortfalls in the records maintained by care staff of the care that they had provided to people. In response to this the registered manager had completed workshops with care staff to support them in understanding the importance of accurate record keeping. We found that these workshops had been effective in supporting staff in completing accurate contemporaneous records of the care that people had received. The management team had clearly defined roles and worked well together to deliver a quality service to people living in the home.

The registered manager knew people well and was accessible to people, their relatives and staff. One person told us "The manager is nice. She comes and says hello and we have a chat sometimes." One person's relative told us "[Registered Manager] is always accessible if I want to talk to them. They always say hello and their door is always open for me to go in to their office if I want to. They know [Relative] very well and keep an eye on them." A member of staff told us "I think the manager is very good. She sets high standards for us but is supportive and we can always talk to them if we need to. She knows everyone really well too and will never just walk past someone if they want a chat or need some help."

The local community were encouraged to be part of the home. Volunteers were welcomed and valued within Willow Brook House. During this inspection we observed young adults from the National Citizens Service completing a project painting the decking and planting raised flower beds to create a welcoming outside area to encourage people to spend time in communal areas outside of the home. The activities coordinator had arranged an 'Owls in the House' open day to encourage people's relatives as well as the local community to come and visit the home and take part in activities such as a tombola and BBQ to raise funds for residents trips, activities and resources.

