

Larchwood Care Homes (North) Limited

Swan House

Inspection report

Pooles Lane
Short Heath
Willenhall
West Midlands
WV12 5HJ

Tel: 01922407040

Date of inspection visit:
09 August 2018

Date of publication:
19 September 2018

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

We carried out a comprehensive, unannounced inspection of this service on 08 June 2017. It was rated as 'Good' in all the areas we inspected. Since our last inspection we received a concern about the management of people's wounds following an injury a person sustained while living at the home. At the time of this inspection the specific incident was being investigated by partner agencies.

We undertook this unannounced focussed inspection on 09 August 2018. We inspected the service against two of the five questions we ask about services: is the service safe and is the service well led. No risks, concerns or significant improvement were identified in the remaining key questions of is the service: effective, caring or responsive. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swan House on our website at www.cqc.org.uk

Swan House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Swan House accommodates 45 people in one adapted building. At the time of our inspection 39 people were living at the home.

The home had 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 told us they felt safe. Risks to people had been assessed and monitored to protect people from the risk of avoidable harm. Staff were aware how to protect people from the risk of abuse and effective reporting systems were in place. Adequate numbers of staff were available to meet people's needs. People received their medicines safely and there were effective systems in place to monitor medicine administration. The home environment was clean and well maintained and there were systems in place to monitor and audit infection control practices.

People and staff were complimentary about the leadership and management of the home and said the registered manager was friendly and approachable. People and staff felt supported to share their views and concerns. There were systems in place to monitor the quality of service provided to people.

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's risks were known by staff and systems were in place to protect them from harm. People were supported by staff who knew how to recognise signs of abuse and were confident to report any concerns. There were sufficient numbers of staff to meet people's care and support needs. People received their medicines as prescribed and were protected from the risk of infection.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff expressed positive views about the management of the home. Staff understood their roles and responsibilities and felt supported in their role. Quality checks were effective at identifying areas of improvement and we saw improvements were made.

Swan 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.

We undertook an unannounced, focused inspection of Swan House on 09 August 2018. This inspection was done in response to an injury a person sustained while living at the home. At the time of this inspection the specific incident was being investigated by partner agencies. However, based on the information we had we looked at how people's risks were managed. The team inspected the service against two of the five questions we ask about services: is the service safe, is the service well-led. No risks, concerns or significant improvement were identified in the remaining key questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these key questions were included in calculating the overall rating in this inspection.

The inspection team consisted of one inspector, a specialist nurse advisor and one expert by experience. The specialist advisor was a nursing practitioner with experience of working within a dementia setting. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of dementia care service.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people. We refer to these as notifications. We checked if the provider had sent us notifications to plan the areas we wanted to focus on during our inspection. We also contacted the local authority for information they held about the service. This helped us to plan the inspection.

We used different methods to help us understand the experiences of people who lived at the home. We spoke with six people, five relatives, three staff members including nursing, and care staff. We also spoke with the registered manager. We spent time observing the daily life in the home including the care and support being delivered. As there were several people living at the home who could not tell us about their experience, we undertook a Short Observational Framework for Inspection (SOFI) observation. (SOFI is a

specific way of observing care to help us understand the experience of people who could not talk with us.)

We looked at four people's care records to see how their care and treatment was planned and delivered and medication records to see how medicines were managed. Other records we looked at included recruitment files to check suitable staff members were recruited. We also looked at records relating to the management of the service along with a selection of the provider's policies and procedures, to ensure people received a good quality service.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 08 June 2017 at this inspection we rated the service as 'Good' in the key question, Is the service safe? At this inspection we found the service had remained 'Good'.

At this inspection we looked at how people's risks were managed and explored aspects of their care and treatment. This included looking at current risks to people and the action the provider had taken to assess, manage and monitor those risks. People we spoke with told us they felt safe living at the home and said risks to their health and well-being were effectively managed by staff. One person told us, "I feel well looked after, staff know me well and keep checking on me." People and their relatives said they were aware of having care and risk assessment records in place and said staff responded well to their needs. A relative commented, "Staff are well trained they seem to know what to do, they keep checking people are ok." Staff we spoke with had a good understanding of people's needs and what support they required to keep them safe. One member of staff said, "I know people well, we have information about them in their care record should you need to refer to it." Records we looked at showed people had risk assessments and care records in place that were specific to their individual health or care need. For example, we saw people where required had risk assessments in place for their skin integrity, mobility and food and fluid intake. We saw where a person's needs had changed, such as following an incident, changes had been made to their care records to ensure they continued to receive care that met their needs. For example, in relation to monitoring and managing a person's skin care, we saw that records included guidance for staff on how they should support the person to minimise the risk of harm.

We spoke with staff about how they would keep people safe in an emergency such as a fire. Staff could tell us about the action they would take and how people might be evacuated from the building. Records we looked at showed people had personal emergency evacuation plans (PEEPS) in place which were reflective of their needs. We also saw checks of the building were regularly completed to ensure the premises were safe.

People told us they felt safe. One person said, "I feel very safe here. The home is secure and they do keep coming and asking how I am." Another person told us, "Yes, the home is good and safe. There are plenty of staff around if I need them." Staff we spoke with were able to describe the signs of potential abuse and tell us what action they would take if they felt someone was at risk of harm. They said they would inform the registered manager or nurse in charge and other external agencies if necessary. Records we looked at showed that when safeguarding incidents had occurred, the registered manager had reported these to the relevant safeguarding authority for investigation and notified us as is required by law. This meant people were protected from the risk of harm or abuse.

People told us staff were available when they needed them. One person said, "They come very quick when I press the buzzer. So yes, they have enough staff about." A relative commented, "We think there are enough staff around as you can always find someone if needed." Members of staff we spoke with told us although at times they were very busy there were enough staff to meet people's needs. One member of staff said, "Its full

on sometimes and we could do with extra staff but people's needs are responded to and they get the care they need." Throughout the inspection we saw those people who required support with moving about the home, personal care or requests to be taken to their room were responded to quickly by staff. This demonstrated there were sufficient numbers of staff available to meet people's needs.

The registered manager showed us they had used a tool to assess the level of staffing required to meet people's needs. They explained they were currently recruiting bank staff to cover any annual or sickness leave of the permanent staff employed. This ensured sufficient staffing numbers to meet people's needs.

We looked at the recruitment process in place to check the suitability of the staff to work with people who lived at the home. We looked at two staff recruitment records and saw the provider had completed appropriate recruitment checks prior to staff starting work at the service. We saw reference checks, identity verification and Disclosure and Barring Service (DBS) checks had been completed. DBS checks helps providers reduce the risk of employing unsuitable staff. We also saw the provider completed checks of nursing staff registration to ensure this was current. This showed the provider had adequate systems in place to ensure staff were suitable to work within a care service.

People told us they received their medicines when they needed them. One person said, "The medicines are brilliant. They are always on time and staff help them to my mouth for me to take. They are so careful and slow doing it, I am very happy with this." Another person told us, "My medicines are done well. They come around to me on time and sort them out for me and I am able to take them myself with some water."

We looked at people's Medicine Administration Records (MAR) and found they were completed correctly. Some people required their medicines to be given at a specific time to manage their health condition; we saw people received them when required. We also found guidance was available for staff to refer to in relation to safely applying medicines via skin patches on a person's body. Medicines were stored and disposed of safely. We found fridge and room temperatures were being recorded and medicines were stored within safe conditions. There were suitable arrangements for storing and recording medicines that required extra security.

People and their relatives were complimentary about the cleanliness of the home. One person said, "They are always cleaning it is nice and clean here." Another person commented, "It is spotlessly clean." We saw staff used gloves and aprons when providing people with care. We saw antibacterial gel was available throughout the building and infection control processes were followed when washing soiled laundry and the building was clean and tidy throughout.

The registered manager monitored any incidents and accidents monthly to identify any areas for improvement and to look for any trends. For example, the number of falls that had occurred and whether additional equipment was required to reduce the likelihood of repeat occurrences. Information was shared with staff in meetings and handovers. This meant that staff were informed of any learning from incidents.

Is the service well-led?

Our findings

At our last inspection on 08 June 2017 we rated this key question as 'Good'. At this inspection we found the service had remained 'Good'.

People and their relatives we spoke with knew who the registered manager was and said they were approachable. One person said, "They are very nice and you can talk to them about anything." A relative commented, "[Registered manager] is very approachable about any issues." Other comments from people included, "All the staff are very good and everything seems very well organised to me." and, "I most certainly do think the home is well-led everything here is lovely and I would recommend it to anyone." All the staff we spoke with told us the registered manager was approachable and always available should they need to speak with them. One member of staff commented, "It's a good place to work and I have amazing support from the registered manager. [Registered manager] talks to people and the staff and their door is always open. [Registered manager] gets things done."

There were clear lines of accountability within the service and staff were aware of their role and responsibilities. All the staff we spoke with said they had regular meetings with the registered manager and that these provided an opportunity for information to be shared and any concerns or issues to be raised and addressed. Staff told us they felt confident to make suggestions or offer ideas for improvement and said staff worked well together. Staff were aware of and demonstrated their understanding of the provider's whistleblowing procedures. Whistle blowing is when a staff member reports suspected wrong-doing at work. Staff said they felt confident that if they raised any concerns the registered manager would listen and take the appropriate action.

The provider and registered manager had effective systems in place to monitor the quality of the service people received. We saw that checks had been carried out in areas such as health and safety, medicine administration records and complaints. We saw where improvement had been identified these were addressed. For example, an information board detailing the various activities had been displayed for people to view. People told us their views were sought about the quality and management of the home. Everyone we spoke with said they felt listened to and involved in the home. One person said, "We have resident's meetings, we had one yesterday. We all have our say and are listened to." Another person told us, "They hold regular meetings you can talk openly about anything." This showed the provider and registered manager listened and responded to people's views and concerns.

Conversations with staff and records we saw demonstrated staff worked with other agencies such as doctors, district nurses and social workers to support the health and well-being of people. The registered manager understood their responsibilities as a 'registered person' and submitted notifications of events to CQC. These provide us with information about how the service managed these events. All organisations registered with CQC are required to display the rating awarded to the service. The registered manager had ensured this was clearly on display.