

Larchwood Care Homes (South) Limited

Mundy House

Inspection report

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Basildon
Essex
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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 ●

Summary of findings

Overall summary

The inspection was completed on 17 and 18 May 2016 and there were 51 people living at the service when we inspected.

Mundy House provides accommodation and personal care for up to 58 older people. Some people also have dementia related needs.

A registered manager was 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 the service was a safe place to live and that there were sufficient staff available to meet their needs. Appropriate arrangements were in place to recruit staff safely so as to ensure they were the right people. Staff were able to demonstrate a good understanding and knowledge of people's specific support needs, so as to ensure theirs' and others' safety.

Medicines were safely stored, recorded and administered in line with current guidance to ensure people received their prescribed medicines to meet their needs. This meant that people received their prescribed medicines as they should and in a safe way.

Staff understood the risks and signs of potential abuse and the relevant safeguarding processes to follow. Risks to people's health and wellbeing were appropriately assessed, managed and reviewed.

Staff received opportunities for training and this ensured that staff employed at the service had the right skills to meet people's needs. Staff felt supported and received appropriate formal supervision. Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

The dining experience for people was positive and people were complimentary about the quality of meals provided.

Where people lacked capacity to make day-to-day decisions about their care and support, we saw that decisions had been made in their best interests. The manager was up-to-date with recent changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and at the time of the inspection they were working with the local authority to make sure people's legal rights were being protected. People who used the service and their relatives were involved in making decisions about their care and support.

Care plans accurately reflected people's care and support needs. People received appropriate support to have their social care needs met. People told us that their healthcare needs were well managed.

Staff were friendly, kind and caring towards the people they supported and care provided met people's individual care and support needs.

People and their relatives told us that if they had any concern they would discuss these with the management team or staff on duty. People were confident that their complaints or concerns were listened to, taken seriously and acted upon.

There was an effective system in place to regularly assess and monitor the quality of the service provided. The manager was able to demonstrate how they measured and analysed the care provided to people, and how this ensured that the service was operating safely and was continually improving to meet people's needs.

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.

The provider had appropriate systems in place to ensure that people living at the service were safeguarded from potential abuse.

Suitable arrangements were evident for managing and reviewing risks to people's safety and wellbeing.

There were sufficient numbers of staff available to meet people's care and support needs.

The provider's arrangements to manage people's medicines were suitable and ensured people's safety and wellbeing.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained to meet people's needs. Staff felt supported and received regular supervision and an annual appraisal of their overall performance.

The dining experience for people was positive and people were supported to have adequate food and drinks.

People's healthcare needs were met and people were supported to have access to a variety of healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the care and support provided at the service by staff. Our observations demonstrated that staff were friendly, kind and caring towards the people they supported.

People and their relatives told us they were involved in making decisions about their care and these were respected.

Staff demonstrated a good understanding and awareness of how to treat people with respect and dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff were responsive to people's care and support needs.

People were supported to enjoy and participate in social activities of their choice or abilities.

People's care plans were detailed to enable staff to deliver care and therapies that met people's individual needs.

Is the service well-led?

Good ●

The service was well-led.

The management team of the service were clear about their roles, responsibility and accountability and we found that staff were supported by the registered manager and other members of the management team.

Appropriate arrangements were in place to ensure that the service was well-run. Suitable quality assurance measures were in place to enable the provider and management team to monitor the service provided and to act where improvements were required.

Mundy 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 on 17 and 18 May 2016 and was unannounced. The inspection team consisted of two inspectors.

Before our inspection we reviewed the Provider's Information Report (PIR). This is information we have asked the provider to send us to evidence how they are meeting our regulatory requirements. We reviewed the information we held about the service including safeguarding alerts and other notifications. This refers specifically to incidents, events and changes the provider and manager are required to notify us about by law.

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 11 people who used the service, seven relatives, nine members of staff, the registered manager and the provider's representative. In addition, we spoke with two healthcare professionals.

We reviewed eight people's care plans and care records. We looked at the service's staff support records for four members of staff. We also looked at the service's arrangements for the management of medicines, complaints, compliments and safeguarding information and quality monitoring and audit information.

Is the service safe?

Our findings

Staff told us that they felt people living at the service were kept safe at all times. People confirmed to us that staff looked after them well, that their safety was maintained and they had no concerns. People also told us that they felt safe and secure. One person told us, "I do feel really safe. The staff are kind to me." Another person told us, "I am safe. The staff support me absolutely fine." Relatives told us that they had no concerns about their member of family's safety.

People were protected from the risk of abuse. Staff had received appropriate safeguarding training. Staff were able to demonstrate a good understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to a senior member of staff or a member of the management team. Staff were confident that the registered manager and deputy manager would act appropriately on people's behalf. Staff also confirmed they would report any concerns to external agencies such as the Local Authority or the Care Quality Commission if they felt that the management team or registered provider were not responsive.

Staff knew the people they supported. Where risks were identified to people's health and wellbeing, staff were aware of people's individual risks. For example, staff were able to tell us who was at risk of poor mobility, who was at risk of developing pressure ulcers, who was at nutritional risk and the arrangements in place to help them to manage this safely. In addition, risk assessments were in place to guide staff on the measures in place to reduce and monitor these during the delivery of people's care. Staff's practice reflected that risks to people were managed well so as to ensure their wellbeing and to help keep people safe. Environmental risks, for example, those relating to the service's fire arrangements were in place and this included individual Personal Emergency Evacuation Plans (PEEP). These ensured that the provider was able to respond effectively to untoward incidents and other emergencies that may occur at the service.

People told us that there was always enough staff available to support them during the week and at weekends. Staff told us that staffing levels were appropriate for the numbers and needs of the people currently being supported. Suitable arrangements were in place to determine the basis for the service's staffing levels, so as to ensure that these remained suitable and flexible to meet people's individual care and support needs. Our observations during the inspection indicated that the deployment of staff was suitable to meet people's needs. For example, we noted that communal lounge areas were supported by staff throughout the day. Care was also taken by staff to ensure that people who were immobile and who spent the majority of their time in bed or in their room were monitored, and checked at regular intervals to ensure their safety and wellbeing.

Suitable arrangements were in place to ensure that the right staff were employed at the service. Staff recruitment records for four members of staff appointed within the last 12 months showed that the provider had operated a thorough recruitment procedure in line with their policy and procedure. This showed that staff employed had had the appropriate checks to ensure that they were suitable to work with the people they supported. The registered manager confirmed there were no staff vacancies and that several members of staff had been employed at the service for a long time. They advised that this provided stability to the staff

team and continuity of care for the people living at the service.

We found that the arrangements for the management of medicines were safe. People received their medication as they should and at the times they needed them. Medicines were stored safely for the protection of people who used the service. There were arrangements in place to record when medicines were received into the service and given to people. We looked at the records for 14 of the 51 people who used the service. These were in good order, provided an account of medicines used and demonstrated that people were given their medicines as prescribed. Specific information relating to how the person preferred to take their medication was recorded and our observations showed that this was duly followed by staff. Observation of the medication round showed this was completed with due regard to people's dignity. For example, during the lunchtime medication round people were given the choice to have their prescribed medication either with or after their meal. This ensured that people were able to make an informed choice as to when they received their medication.

Staff involved in the administration of medication had received appropriate training. Where staff's practice had resulted in a medication error, appropriate steps had been taken by the registered manager to ensure that individual staff received appropriate refresher training and/or had their competency reassessed. This showed that suitable arrangements were in place to safeguard people using the service. Regular audits had been completed and where these highlighted areas for corrective action, a record was maintained of the actions taken.

Is the service effective?

Our findings

Staff were trained and supported effectively, which enabled them to deliver appropriate care to the people they supported. Staff confirmed that they received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and responsibilities and to meet people's needs to an appropriate standard. Staff told us that this ensured that their knowledge was current and up-to-date. Records confirmed what staff had told us and showed that their mandatory training was up-to-date. In addition, the registered manager confirmed and records showed that 21 members of staff had attained a National Vocational Qualification [Level 2 or 3].

The registered manager confirmed that all newly employed staff received a comprehensive induction. This related to both an 'in-house' orientation induction and completion of Skills for Care 'Care Certificate' or an equivalent. Staff told us that in addition to the above they were given the opportunity to 'shadow' and work alongside more experienced members of staff. The registered manager confirmed that this could be flexible according to previous experience and level of competence.

Staff confirmed that they received regular supervision and were supported by the registered manager and other members of the senior management team. Staff told us that they felt valued by the registered manager, that they were approachable and proactive in dealing with issues raised. In addition, staff told us and records confirmed that staff employed longer than 12 months had received an appraisal of their overall performance for the preceding 12 months.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff were able to demonstrate that they had a good knowledge and understanding of MCA and DoLS and when these should be applied. Records showed that each person who used the service had had their capacity to make decisions assessed. This meant that people's ability to make some decisions, or the decisions that they may need help with and the reason as to why it was in the person's best interests had been clearly recorded. Where people were deprived of their liberty, the registered manager had made appropriate applications to the local authority for DoLS assessments to be considered for approval. Where these had been authorised the registered manager had notified the Care Quality Commission.

People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us that they could choose what time they got up in the morning and the time they retired to bed each day, what items of clothing they wished to wear, where they ate their meals and whether or not they participated in social activities.

People were positive about the meals provided. One person told us, "The food suits me." Another person told us, "The food here is fine and I have no complaints. If you don't like what is offered you can have something else." Observation of the dining experience for people over both days of the inspection was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. Where people were unable to verbalise their individual meal choices, staff were noted to help communicate food choices by showing people the plated variations available and enabling them to choose by pointing. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace.

People told us that their healthcare needs were well managed. One person told us, "The staff get the GP for me if I feel unwell." Relatives confirmed that they were kept informed of their member of family's healthcare needs and the outcome of healthcare appointments. People's care records showed that their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Each person was noted to have access to local healthcare services and healthcare professionals so as to maintain their health and wellbeing, for example, to attend hospital appointments and to see their GP. Healthcare professionals were very complimentary about the care and support provided by staff employed at the service. They told us that advice and guidance provided by them or other members of their team to staff at the service was always followed. In addition staff were responsive and proactive to people's care and support needs and referrals were provided at the earliest opportunity. The healthcare professionals advised that there was a good working relationship between the management team, staff at the service and the local healthcare professional team.

Is the service caring?

Our findings

People were satisfied and happy with the care and support they received. One person told us, "It's quite nice here. It's like home and all the staff are nice. I have a nice room and I am looked after very well." One relative told us, "All the staff at Mundy House are kind and caring. [Relative] is loved and well cared for." Another relative told us that their member of family was happy living at Mundy House and was always happy to return to the service if they had been out. They told us, "They [person who uses the service] feel it is their home." Another relative told us that they could not give enough praise for the care and kindness bestowed for their member of family.

We observed that staff interactions with people were positive and the atmosphere within the service was seen to be welcoming, calm and friendly. Staff were noted to have a good rapport with the people they supported and there was much good humoured banter during both days of the inspection which people enjoyed. Staff were attentive to people's needs, whether it was supporting a person with their personal care needs, supporting someone to eat and drink or supporting people to mobilise within the home environment. We saw that staff communicated well with people living at the service by listening to them and talking with them appropriately.

Staff understood people's care needs and the things that were important to them in their lives, for example, members of their family, key events, hobbies and personal interests. People were also encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. For example, one relative confirmed to us that their member of family was able to maintain and attend to their own personal care needs so as to support their independence and freedom. Another person who smoked cigarettes was enabled to look after their own cigarettes and lighter.

Staff were able to verbally give good examples of what dignity meant to them, for example, knocking on doors, keeping the door and curtains closed during personal care and providing explanations to people about the care and support to be provided. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. In addition, we saw that people were supported to maintain their personal appearance so as to ensure their self-esteem and sense of self-worth. People were supported to wear clothes they liked, that suited their individual needs and were colour co-ordinated. Staff were noted to speak to people respectfully and to listen to what they had to say. The latter ensured that people were offered 'time to talk', and a chance to voice any concerns or simply have a chat.

People were supported to maintain relationships with others. People's relatives and those acting on their behalf visited at any time. Staff told us that people's friends and family were welcome at all times. Relatives confirmed that there were no restrictions when they visited and that they were always made to feel welcome. One visitor told us that they always felt welcomed when they visited the service and could stay as long as they wanted.

Is the service responsive?

Our findings

People received personalised care that was responsive to their individual needs. Our observations showed that staff were aware of how each person wished their care to be provided. Each person was treated as an individual and received care and support relevant to their specific needs and in line with information recorded within their care plan.

Appropriate arrangements were in place to assess the needs of people prior to admission. This ensured that the service were able to meet the person's needs. People's care plans included information relating to their specific care needs and how they were to be supported by staff. Care plans were regularly reviewed and where a person's needs had changed these had been updated to reflect the new information. Relatives confirmed that they had been actively involved in providing information to inform their member of family's care plan, particularly at the pre-admission stage and to explain their life history.

Staff told us that some people could become anxious or distressed. Clear guidance and instructions for staff on the best ways to support the person were recorded and these were noted to be detailed. Staff were able to demonstrate a good understanding and awareness of the support to be provided so as to ensure the individual's, staffs and others safety and wellbeing at these times.

Where life histories were recorded, there was evidence to show that, where appropriate, these had been completed with the person's relative or those acting on their behalf. This included a personal record of important events, experiences, people and places in their life. This provided staff with the opportunity for greater interaction with people, to explore the person's life and memories and to raise the person's self-esteem and improve their wellbeing. Relatives confirmed that where possible they attended reviews. Information to support this was recorded within people's care plan documentation.

Staff told us that they were made aware of changes in people's needs through regular handover meetings and discussions with senior members of staff. This meant that staff had the information required so as to ensure that people who used the service would receive the care and support they needed.

People told us that they were supported to take part in social activities of their choice and preference. People told us that there was a programme of activities scheduled throughout the week. One person told us that they preferred to stay in their room during the day so as to listen to their radio and talking books. They confirmed that these arrangements suited them. Another person told us that the staff responsible for providing social activities were very good. They confirmed that they often sat with them, chatted and enjoyed a cup of tea together. They told us, "It is really nice and feels good." One relative told us, "The activities person is marvellous. If anyone says they are bored, they can't be." It was evident from our observations and discussions with staff that they encouraged and enabled people using the service the opportunity to take part in social activities of their choice and interest, both 'in house' and within the local community.

People spoken with knew how to make a complaint and who to complain to. People and their relatives told

us that if they had any concern they would discuss these with the management team or staff on duty. The service had an effective complaints procedure in place for people to use if they had a concern or were not happy with the service. The complaints log showed that since 1 January 2016 there had been two complaints. A record was kept of all issues raised, action taken and the outcome. A record of compliments was also maintained so as to capture the service's achievements. One compliment recorded, 'I must compliment Mundy House for the care [name of person using the service] is receiving. Every single member of staff that I have come across these past few months have been extremely caring, very capable and appear to genuinely empathise with my relative's circumstances. Their [staff] compassion is a real comfort to us as a family.' Another compliment recorded, 'Thanks to the manager and all the staff at Mundy House for the love and attention shown to our relative during their stay with you.'

Is the service well-led?

Our findings

The registered provider confirmed that following our last inspection to the service in February 2015, concerns raised by us had been taken seriously and additional support had been deployed to the service to provide stability to the service and ensure future compliance with regulatory requirements. Our findings at this inspection showed that significant improvements had been made and maintained to protect people using the service against the risks of receiving inappropriate or unsafe care. The registered manager and management team of the service were visible at all levels, had an understanding of their key roles and responsibilities and had resources and support available to help drive improvement.

The registered manager was able to demonstrate to us the arrangements in place to regularly assess and monitor the quality of the service provided. This included the use of questionnaires for people who used the service and those acting on their behalf. In addition to this the registered manager monitored the quality of the service through the completion of a number of audits. This also included an internal review by the provider's representative.

People using the service, people acting on their behalf and staff had many positive comments about the overall management of the service. One relative told us, "[Name of registered manager] is a very good manager. They are responsive and listen to what you tell them. In my opinion the home is well run." Another relative told us, "The manager is a lovely man. You always see him around. He is the sort of person you want to have running a care home as he really cares." Staff demonstrated that they were clear about the registered manager's and provider's expectations of them. Staff told us that they were well supported and that their views were respected and they felt able to express their opinions freely. Staff felt that the overall culture across the service was open and inclusive and that communication and morale was good. This meant that the provider and management team of the service promoted a positive culture that was person centred, open and inclusive.

The registered manager confirmed that the views of people who used the service, those acting on their behalf and staff were sought in April 2016. The report confirmed that the comments received were very positive.

Staff told us that regular staff meetings were held at the service to enable the management team and staff to discuss topics relating to the service or to discuss care related matters. Records were available to confirm this and demonstrated where actions were required and how this was to be achieved. Additionally, the registered manager told us that meetings were held for people using the service and those acting on their behalf. This showed that people using the service and those acting on their behalf were encouraged to have a 'voice' and to express their views about the service.

The registered manager had an understanding and awareness of our new approach to inspecting adult social care services, which was introduced in October 2014. They confirmed that since our last inspection to the service in February 2015, they had successfully completed a National Vocational Qualification Level 5 in Management and Leadership. Additionally the registered manager had taken part in Essex County Councils

'My Home Life' leadership support programme. This is a 12 month programme that supports care home managers to promote change and develop good practice in their service. In addition to this the registered manager confirmed that the service was part of the Promoting Safer Provision of Care for Elderly Residents (PROSPER) project in relation to falls, urinary tract infections and pressure ulcers management. This is a project that aims to improve safety, reduce harm and reduce emergency hospital admissions for people living in care homes across Essex by developing the skills of staff employed within the service. Evidence of the latter project demonstrated positive statistical data to show that the number of falls, pressure ulcers and urinary tract infections at Mundy House was below the local average in relation to all services in the same area and of the same size. This showed that over a 12 month period the incidence of falls, pressure ulcers and urinary tract infections had greatly reduced.

The registered manager confirmed that encouragement to increase staff performance and to recognise staff's hard work was provided through the introduction of 'employee of the month.' The registered manager confirmed that three members of staff each month received a £25.00 voucher from a well-known retailer.