Larchwood Care Homes (North) Limited

Bryan Wood

Inspection report

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Edgerton
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West Yorkshire
HD2 2AL

Tel: 01484453366

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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

This inspection took place on 1 August 2018 and was unannounced which meant the home did not know we were visiting. This was a comprehensive inspection. At the last inspection the service was rated Requires Improvement overall and we asked the registered provider to demonstrate sustained improvements. This included ensuring all staff received regular supervision and were trained to develop into their roles. At this inspection we checked these improvements had been made and sustained at the home.

Bryan Wood is registered to provide accommodation and personal care for up to 45 people. There were 36 people living at the home on the day of our inspection. Bryan Wood is a large three-storey building offering accommodation across three floors accessed by a passenger lift. One floor is designated for people living with dementia. Each floor has a communal lounge and bathrooms. Outside there is a courtyard with seating.

Bryan Wood is a 'care home'. People in care homes receive accommodation and 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.

The home had a registered manager who was available throughout our inspection. 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 and their relatives told us they felt very safe living at Bryan Wood and their relatives also felt assured their family member was safe. All staff had received safeguarding training and knew how to identify and report suspected abuse and knew the procedure to report any incidents.

Standardised risk assessments were used in care plans so risks to people's health and safety could be effectively tracked and monitored.

People's dependency was monitored regularly and staffing levels supported people's needs. Recruitment processes were thorough ensuring staff were employed who were suitable to work in a care home setting.

Medicines were administered safely and with due consideration to national guidance.

Staff were appropriately trained and knowledgeable about infection control procedures.

The registered manager had robust systems in place for monitoring accidents and incidents and ensuring learning from these was implemented and understood through regular staff meetings and supervisions.

Care plans contained detailed personal histories, and people's preferences in relation to their physical needs, and social and leisure activities. Appropriate consideration had been given to people's consent and their capacity to do so for a range of care and support needs. The registered provider was operating within the principles of the Mental Capacity Act 2005 and applications to lawfully deprive people of their liberty (DoLS) had been appropriately submitted to the local authority.

Training completion levels were high. Staff supervisions were planned and taking place regularly. Annual appraisals were up to date. Communication between the registered provider, the registered manager and staff was good.

People were provided with a good choice of freshly prepared food and 'hydration stations' and 'snack stations' throughout the home were well-used.

People were supported to receive access to healthcare which was demonstrated and recorded in care plans.

People were consulted and involved in refurbishment plans. Dementia-friendly signage was in evidence throughout the home as well as pictorial noticeboards. People's bedrooms were highly personalised.

Staff were aware of the need to ensure people's dignity and respect their privacy. Staff were aware to support people's independence wherever possible.

The registered provider's monthly quality reports showed effective oversight of the service. The registered manager had systems to monitor quality throughout the home. Accidents and incidents were monitored and trend analysis undertaken. The home had volunteered to be part of a falls reduction pilot, which analysis showed had proved successful. Fire safety and building maintenance was well managed.

Feedback was actively sought to engage people, relatives and staff in the running of the service. Information from this was analysed to develop and improve the service.

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.

Staff demonstrated a good understanding of how to ensure people were safeguarded against abuse and were knowledgeable about the procedure to follow to report incidents.

Risks were assessed and managed and staff had knowledge of and had implemented risk reduction measures identified in care plans.

Staffing levels were good.

Is the service effective?

Good

The service was effective.

Staff had completed necessary training to ensure they had appropriate skills to perform in their roles and their competencies were checked regularly. Regular supervisions and appraisals took place.

Food was freshly prepared and people had a varied choice. People were encouraged and supported to meet their hydration and nutritional needs.

The service was meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Is the service caring?

Good

The service was caring.

Interactions between staff and people were friendly, respectful and caring.

People's dignity and privacy was observed at all times and staff were aware of the importance of involving people in the care they provided.

People's choice and independence was encouraged and

promoted.

Is the service responsive?

Good

The service was responsive.

Staff were aware of the needs of the people they were supporting and were knowledgeable about their individual preferences.

Activities were varied, inclusive of everyone living at the home and people were involved in choosing activities meaningful to them. Personal decoration was evident throughout the home.

Care plans were comprehensive and people were involved in assessing and reviewing their needs on a regular basis.

Is the service well-led?

Good

The service was well-led.

The registered manager was well-known by people, staff and relatives and responded positively to all feedback. People, staff and relatives felt able to contribute their suggestions and opinions.

A regular governance monitoring framework was in place and up to date. Actions were clearly identified and tracked.

Engagement was taking place with a number of local community groups.

Bryan Wood

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.

The inspection took place on 1 August 2018 and was unannounced. The inspection team comprised one adult social care inspector 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. The expert by experience had expertise in dementia care.

Before our inspection visit we reviewed the service's inspection history, current registration status and other notifications the registered person is required to tell us about. We contacted commissioners of the service, safeguarding and Healthwatch to find whether they held any information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. This information was used to assist the planning of our inspection and inform our judgements about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well, and improvements they plan to make.

During the inspection we spoke with seven people who lived at the home and two of their relatives. We spoke with the registered manager, the deputy manager, two care assistants and the cook. We looked around the building and saw the communal lounges, dining rooms and bathrooms and a newly refurbished sensory room. One person showed us their bedroom. We spent time observing care in the communal lounges and dining areas to help us understand the experience of people using the service who could not express their views to us.

We reviewed a range of records, which included five people's care files. We also inspected three staff members' recruitment and supervision documents, staff training records and other records relating to the

management and governance of the home.

Good

Is the service safe?

Our findings

People told us: "Oh, yes, it's safe," and, "I never feel I need to lock the door, I am cautious but don't feel the need," and, "I would feel safe if I fell, I have a bell and staff would come quick." Relatives told us, "I think [person's name] is safe, she is having less seizures."

Each person's bedroom had a reminder about who they could talk to if they had any concerns and giving them information about their keyworker. It had been noted at the last inspection that not everyone was not aware who their key worker was so this had improved.

Staff said, "Yes, people are safe, I trust my team, we have amazing staff here." Another staff member said, "Yes, I do feel [people] are safe, we have good relationships, they talk to you and tell problems, I am able to reassure them."

Staff were knowledgeable about safeguarding procedures. Staff we spoke with were able to describe what to do to protect people from harm and confirmed they received regular safeguarding training.

Accurate detailed information was available to support emergency evacuations. Personal emergency evacuation plans (PEEPs) were in place and held in the person's care plan as well as in the emergency 'grab bag'. Simulated fire evacuations took place each month: these were repeated if the time taken to evacuate was too long.

People's care plans included standardised risk assessments and were reviewed on a monthly basis. The risks to people were balanced to support people's independence, for example, one person was often able to go into town independently. There was an appropriate risk assessment in place to manage this.

Staffing levels at the home were monitored monthly. The home used a staffing model to assess staffing levels. The registered manager explained how the dependency of people living at the home was checked and audited every month and how staffing rotas were produced from this information. Staff told us there was enough staff but said, "We're always busy."

Staff were recruited safely. We looked at the employment files of two recently employed staff and one existing staff member and saw they contained an application form including a full employment history, interview questions and answers, health declaration, at least two relevant references and proof of identity which included a photograph of the person. We saw that checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff.

The registered manager had developed staff 'champions' in key areas such as safeguarding, moving and handling, nutrition, and falls prevention. These staff received additional training and had also been trained to deliver practical training to their colleagues. There were further plans to have staff 'champions' for the

areas of dignity and dementia.

Medication was administered safely by trained and competent staff. Staff used and changed gloves and aprons for each person. Medication was given in response to people, if a person was asleep during the initial medication round and the medication was not time-bound a missed medication bookmark was used so staff knew to go back to that person when they were awake.

The medicines trolley was kept locked and medicines were accounted for. Procedures for the delivery, storage and removal of medicines no longer required were robust and well-managed. Room temperature checks in the downstairs treatment room were sporadic. We brought this to the attention of the registered manager who explained the medicines trolley for this area had only recently been moved to that room. Changes had been implemented to improve temperature recording in this room before the end of the inspection.

The registered manager explained how they welcomed feedback from visits and inspections by professionals and used these to learn and improve the service. For example, a recent infection control audit had made recommendations which the home was implementing. An action plan had been produced and steps were being taken to make the improvements required.

Detailed analysis of accidents and incidents took place regularly each month. Where people had an infection, these were also tracked and analysed. The manager made sure each area of analysis was discussed during staff meetings or in staff supervisions to support improvement and development of the service.

Good

Is the service effective?

Our findings

People said about the staff, "I think they are trained, most of them know what I like." "They are really good and put themselves about to do stuff and help you." "Staff know what they are doing." "They are very well trained, I can't fault them at all they have been marvellous." One relative said, "It worries me that [person] might need watching a bit more."

The registered manager explained how the registered provider's 'care portal' provided them with regular updates about national guidance in relation to the care and safety of people living at the home, as well as giving them information about items such as weather warnings, Food Standards Agency, and Medicine and Healthcare Alerts for things such as device recalls.

At the last inspection we found not all training for staff was up-to-date. At this inspection we found all staff working at Bryan Wood had received annual training in key areas to ensure people's safety. The training matrix allowed the registered manager to monitor training and showed the completion of this training by all staff other than those who were not working at the home due to sickness.

During the last inspection we found not all staff had received up-to-date supervisions. During this inspection we found supervisions and appraisals took place every two months. The frequency of these had improved throughout 2018. New staff received regular probationary reviews and were supported through a robust induction process. A staff member said, "The induction covered everything I needed to know but I was able to ask for extra support because I wanted to know how to talk to relatives."

Food was freshly prepared and varied. There was a good choice for each meal and the cook was knowledgeable about people's likes and dislikes and made sure choices considered these. At the last inspection food served did not always follow the four-week menu rotation. During this inspection the cook told us the menu altered from the rota in hot weather to provide people with more weather-appropriate choice, such as salads. Sachets of sauces, which people found difficult to open, were on tables during the last inspection. We observed 'squeezy' bottles of sauce on each table in the dining room during this inspection. In each communal lounge and dining room there were 'hydration stations' with jugs of water and different juices, and pictures and signage encouraging people to drink. These were refreshed regularly.

Throughout the home were 'snack stations'. These contained baskets of sweets, biscuits and crisps and little bags so people could help themselves and take them to their rooms if they wished. These had pictures and signage encouraging people to do this.

The deputy manager was the nutrition champion. They regularly monitored people's weights to ensure they were not at risk of malnutrition. Care files which recorded people had a weight loss showed appropriate referrals to GPs or dietician.

Food temperatures of hot food were recorded for each item each day. However, these had not been recorded for the day before we inspected. We brought this to the attention of the registered manager who

spoke to the cook.

Daily handover sheets were pre-printed with details of each resident and a snapshot of their needs, such as risks and allergies, and preferences such as their diet. At the handover meeting senior carers updated each other and made notes on these sheets so all carers were aware.

Care files contained consent by people to their care. One care file did not. We discussed this with the registered manager who explained a review of the person's care was taking place with their daughter later that week.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Bryan Wood had assessed people's capacity and made appropriate referrals to the local authority for DoLS authorisation.

People were given the choice of where they wanted to sit when entering the lounge. People were asked where they wanted to eat their meals, either in their room or in the dining room, and staff accommodated this. People's assessed needs included a 'social profile' which included things like whether they wanted family photos in their bedroom, their interests, for example, 'I like having my hair done' or 'I like to be outside on warm days,' what newspapers they liked to read and whether they liked an afternoon nap.

Signage throughout the home was supportive for people living with dementia. Corridors throughout the home were colourful, had easily identifiable handrails and were decorated with pictures of outings and activities. The home had assigned and decorated a room as a sensory room. People had been involved in the decoration of this.

Good

Is the service caring?

Our findings

One person said, "Staff are kind and always there to help." Others said, "Oh yes, they are all kind."
"The staff are brilliant they put themselves about to ask what you want, they are really helpful. When I need them at night they never complain and say, 'that's what we're here for'."
"Everybody is good to me, I have no complaints. They have made me welcome and done their best to help me in every way." A relative said, "They are very kind and caring, they give [name of person] hugs and kisses, if [name of person] wants anything they give it to her. I can come at any time and I am invited to stay for meals if I let them know."

Staff were knowledgeable about people living at the home. A staff member said, "It's the little things…I know [people] and what they like, I check notes and read paperwork to understand…getting the chance to sit and chat."

We observed very positive interaction from care assistants who interacted easily and pleasantly with people. There were appropriate physical hugs and affection, prompted by the people who live at the home. People were called by their names and staff appeared to know people very well. Staff gave people lots of gentle encouragement, saying for example, "You're brilliant," and reminding them to take their time when supporting their independence, for example, while walking to the dining room.

People were asked and encouraged to use hand wipes before eating their meals. The TV was turned off during meal times and background music was played instead. A person who had fallen asleep before the meal was served was gently woken and asked if they wanted to lie down in their room and told their lunch could be served later.

People who preferred to stay in their rooms were treated with dignity, care and respect. Care plans detailed whether they preferred their doors to be kept open or closed and staff respected these choices. Staff visiting people in their rooms had good positive relationships with them and people spoke highly of the cleaner who it was evident people had developed a warm rapport with.

People were supported and encouraged to express their views. Care plans included details of people's communication needs and staff were knowledgeable about these. The care plan of one person, who was registered blind, recorded details about how they wished people to communicate with them and also about how they liked items placed in their room to support their independence. The home provided information about advocacy services for people who did not have relatives able to support them however there was no one at Bryan Wood who had accessed these services.

People were supported to maintain relationships with people who were important to them. One person was encouraged to visit their spouse, who still lived in the family home. Another person's care plan showed how they were supported to vote in local and national elections.

When staff were administering medication to people they got down on their knees to make eye contact,

were encouraging and didn't rush, and used the time to interact positively with people, for example, checking on their welfare and asking if they wanted a blanket or someone to get them some breakfast. To support people's privacy and dignity people sitting in the communal lounge were asked whether they wanted their medicines administered in their room.

Good

Is the service responsive?

Our findings

People told us, "We go out more now since [manager's name] came. We have quizzes and bingo and I like them. If I had a problem I would go to [manager's name], you can knock on the door and talk things over." "There is plenty to do here." "Yes, I go out. I go on plenty of trips when I am able. If I had a problem I would go to [manager's name] or [deputy manager's name], I know they would sort it out for me."

Activity planners were clearly displayed throughout the home showing the group activities taking place each morning and afternoon, these were bright and engaging and included pictures of each activity. The home also took people on regular visits, for example, shopping to the White Rose Centre or on outings to a local ice cream parlour. These outings were responsive to what people in the home felt like doing on the day and people were consulted about these. Home-based activities included 'healing music from a harpist'. People who preferred spending time in their rooms told us they were aware of what activities were taking place and were regularly given the opportunity to participate.

One person was sometimes able to go shopping independently and their care plan contained a risk assessment for this and details of actions to take if they didn't return to the home. The person had been involved in these discussions. Another person asked the deputy manager to help them purchase a jigsaw roll for their jigsaws. The registered manager was supporting another person to purchase specialist equipment for their hobby.

At the last inspection standards of recording was found to be mixed. During this inspection we found the standard of recording to be consistently high and all the records we looked at were up-to-date. Regular reviews of people's needs took place every month. Risk assessments and care plans were also reviewed each month. People's communication needs were also recorded; these included a photograph of people's spectacles.

We looked at what the service was doing to meet the Accessible Information Standard (2016). The Accessible Information Standard requires staff to identify record, flag and share information about people's communication needs and take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it. People's communication needs were assessed and information provided to people in a suitable format such as easy read.

Care files included advanced care planning information and people's preferences for their end of life care had been asked and recorded.
A newly admitted person had risk assessments completed for all aspects of their care, such as medicines, dependency, hydration, moving and handling, falls, pressure care, and continence however person-centred care plans had not been fully completed. The registered manager explained this had been due to their leave. The registered manager confirmed these had been completed two days after the inspection.

The home had volunteered to be part of a pilot exploring the use of red zimmer frames to reduce falls. This had been successful and had resulted in a decrease of falls within the home.

The building was clean and fresh smelling. All bedrooms we visited were clean and tidy with personal items and own belongings, such as bed spreads.

Good

Is the service well-led?

Our findings

People said, "We have residents' meetings every three to four weeks and what we discuss usually happens." "Nothing wrong at all, I can't say a word about it. I know [name of manager] and I love her to bits, she comes to see me."

A relative told us, "[Person's name] needs to go to hospital regularly and they are good at ringing me and keeping me informed. If it was me, I would come and live here."

The reception area showed the service's whistleblowing policy, display of ratings, noticeboard with photos of staff and names, what to do with any concerns and complaints, suggestion box. There was a large noticeboard showing what people and relatives had requested and what actions the home had taken in response.

The registered manager was well known by people and staff. One staff member said, "[Name of registered manager] has really supported me in the role, I know how to do so much." Another staff member said, "Managers are here all the time, they're easy to talk to and easy to approach."

Staff told us how relatives give them feedback, "They do tell us about problems, face to face."

Staff told us about the improvements from the new registered manager saying, "The company is investing and communication is good." Staff knew about the 'home development plan' and how they could contribute to this.

Regular staff meetings took place every two months. To make sure all staff attended there were two of the same meeting, for example at 1:30pm and then again at 8pm, on that day which covered all shift patterns. A staff member said, "Everyone gets involved," and minutes included thanks from the registered manager for the hard work from staff, and staff suggestions such as, call everyone by their names not their titles. Action plans were produced after every meeting.

Regular 'resident and relatives' meetings took place every two months. These took place during the evening so relatives were able to easily attend. Topics discussed included; places to go where residents had suggested outings such as visiting an air show and going bowling, things coming up.

A quarterly newsletter is produced containing information about events such as a tea party being held for people at Bryan Wood by the local cricket club.

The manager used a training matrix to track which staff had attended training and when training needed to be reviewed. This showed that over 80% of staff had all received training in all key areas to ensure the safety and wellbeing of people living at the home.

Staff were encouraged to learn and develop their careers. The registered manager explained how the

provider supported and developed them by asking their opinion.

Regular monthly quality monitoring took place and actions from these were recorded and progress monitored. Audits were undertaken on a monthly basis for all aspects of people's care, as well as for all aspects of premises and equipment. A dining experience audit in January 2018 had made recommendations for more coloured crockery, better pureed options and hot drinks to be available during the meal. These recommendations had been implemented.

A discrepancy report for the last two months on the monthly visual inspection of slings showed two slings were not found. We discussed this with the registered manager who said they would include these items on the asset disposal log.

The registered manager told us about the improvements they had made since starting in the post. The registered manager had enabled people living at the home to be more involved in the running of the home, for example, taking part in interviewing new staff and choosing the decoration throughout the home and in their own rooms. People were supported to visit shops to choose paint colours.

Staff said, "Managers are always trying to make things better and give explanations to staff about why."

The registered manager had developed the involvement of local schools and community groups. People visited the local primary school for tea parties, nursery children visited every week and participated in painting and bun making, which everyone enjoyed. There is a pen pal scheme with the local school.

The registered manager was able to actively track improvements and developments. A home development plan clearly shows identified actions, who had identified these, whose responsibility it is and the objective, progress, due date and status. This also included actions and recommendations from the monthly audits and from any incidents which required action.