

Larchwood Care Homes (South) Limited

Rose Martha Court

Inspection report

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Leigh on Sea
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 the 21 and 22 June 2018 and was unannounced. At the time of this inspection there were 47 people living at Rose Martha Court.

Rose Martha Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates up to 76 older people and people living with dementia in one adapted building.

Rose Martha Court is a large purpose built building situated in a residential area in Leigh on Sea and close to all amenities. The premises is set out on two floors and is unitised [Lavender, Sweet Pea, Forget Me Not and Primrose], with each person using the service having their own individual bedroom and adequate communal facilities available for people to make use of within the service.

At the last inspection on the 10 and 11 August 2017, the service was rated 'Requires Improvement'. Four breaches of regulatory requirements were identified pertaining to Regulation 12 [Safe care and treatment], Regulation 13 [Safeguarding service users from abuse and improper treatment], Regulation 17 [Good governance] and Regulation 18 [Staffing]. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of 'Safe', 'Effective', 'Caring', 'Responsive' and 'Well-Led' to at least good. At this inspection, we found the service had improved their rating to 'Good'.

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 there were sufficient staff available to meet their care and support needs. Appropriate arrangements were in place to recruit staff safely. 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 to ensure their safety.

Staff were able to demonstrate a good understanding and knowledge of people's specific support needs 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. This meant people received their prescribed medicines as they should and in a safe way.

Staff received opportunities for training and this ensured staff employed at the service had the right skills and competencies to meet people's needs. Newly employed staff received a robust induction based on their level of experience in a care setting and competencies. Staff felt supported and received appropriate formal

supervision at regular intervals and an appraisal of their overall performance. Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain their independence.

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 registered manager was 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 and people received support to have their social care needs met. Where people were at risk of poor nutrition or hydration, this was monitored and appropriate healthcare professionals sought for advice and interventions. People had their nutritional and hydration 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.

Quality assurance arrangements were in place and completed at regular intervals in line with the registered provider's schedule of completion. The registered provider and the registered manager were able to demonstrate an understanding and awareness of the importance of having good effective quality assurance processes in place. Feedback from people using the service, those acting on their behalf and staff were positive about the care and support provided.

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 stated they felt safe.

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

Staffing levels were appropriate and the deployment of staff was suitable to meet people's care and support needs.

The provider's arrangements to manage people's medicines was suitable so that people received their prescribed medication as they should.

Suitable procedures were in place to recruit staff safely.

Is the service effective?

Good ●

The service was effective.

Staff received a range of training to meet people's care and support needs. Staff received a robust induction, staff received regular supervision and an annual appraisal of their overall performance.

People's nutritional and hydrations needs were met.

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

The service was compliant with legislation around the Mental Capacity Act [2005] and the Deprivation of Liberty Safeguards [DoLS].

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. We observed that staff

were friendly, kind and caring towards the people they supported.

Staff demonstrated a good understanding and awareness of how to treat people with respect, dignity and to maintain people's independence.

Is the service responsive?

Good ●

The service was responsive.

Care plans detailed people's care and support needs and how these were to be delivered by staff. People's end of life care needs were recorded and people received access to appropriate professionals as required.

People's received a varied programme of social activities.

Complaints and concerns were logged, acted upon and responded to in a timely manner.

Is the service well-led?

Good ●

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

Suitable quality assurance measures were in place to enable the registered provider, registered manager and management team to monitor the service provided and to act where improvements were required.

The service involved people in a meaningful way and worked in partnership with other agencies.

Rose Martha Court

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 the 21 and 22 June 2018 and was unannounced. The team consisted of two inspectors on both days.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

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 nine people living at the service, five visiting relatives, five members of staff, the person responsible for providing social activities, the registered manager and the service's regional manager. We reviewed seven people's care files and four staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered provider's arrangements for managing medication, staff training records, staff duty rotas and complaint and compliment records.

Is the service safe?

Our findings

Safe was previously rated as 'Inadequate' at our last inspection on the 10 and 11 August 2017. Not all risks to people's safety and wellbeing were identified and medication practices at the service required significant improvement. Robust procedures and processes that make sure people are protected were not in place. People's comments about staffing levels at the service were variable and some people told us their call alarm bells were not always answered promptly and this impacted on the quality of care and support received. At this inspection, we found that the required improvements as detailed above had now been made and 'safe' was now judged as 'Good'.

We discussed safety with people using the service. They told us they had no concerns and they felt safe living at Rose Martha Court. Information held by the Care Quality Commission showed appropriate arrangements were in place to safeguard people using the service from abuse. Safeguarding concerns were reported to the Local Authority and Care Quality Commission. Staff demonstrated a satisfactory 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 the management team and external agencies, such as the Local Authority and the Care Quality Commission [CQC]. Staff were confident the registered manager would act appropriately on people's behalf. Staff confirmed they would report any concerns to external agencies without hesitation if they felt the management team or registered provider were not receptive or responsive.

Staff knew the people they supported and were aware of people's individual risks and how this could impact on a person's health, wellbeing and safety. Where risks were identified, control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and the risk of choking.

Prior to our inspection the CQC was notified relating to one person using the service having had a fall and later passing away on the same day. The relative was concerned that the two incidents may have been linked. We reviewed the person's care plan and care records. The accident could not have been predicted and immediate measures were taken by the service to promote the person's safety and wellbeing. The person's decline to their healthcare needs was being monitored by a healthcare professional. Evidence also showed that staff followed the registered provider's policy and procedures in the event of an 'expected' death.

Environmental risk assessments to ensure people and staff's safety and wellbeing were in place. For example, those relating to the services fire arrangements. The registered manager demonstrated an awareness of their legal duties with respect to fire safety. A fire risk assessment had been completed and the registered manager confirmed that appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. A Personal Emergency Evacuation Plan [PEEP] was in place for those living at the service. This is a bespoke plan intended to identify those who are not able to evacuate or reach a place of safety unaided in the event of an emergency.

Staff recruitment records for four members of staff were viewed. Relevant checks had been completed before a new member of staff started working at the service, for example, an application form had been completed, written references relating to an applicant's previous employment was evident, proof of an applicant's identity had been sought, a criminal record check with the Disclosure and Barring Service [DBS] had been pursued and employment interviews conducted. Additionally, prospective employees equality and human rights characteristics were recorded and considered when recruiting staff.

The registered provider used a 'staffing tool' to determine the service's staffing levels each month. People told us there were sufficient numbers of staff available to provide the support required to meet their care and support needs. People confirmed staff responded in a timely manner when they used their call alarm to summon staff assistance. Staff confirmed there was enough staff to meet people's needs and the use of agency staff had radically reduced in recent months. One member of staff told us, "If we are short staffed for any reason, agency staff are used, but this only happens if staff phone in sick at the last minute and the agency are not able to provide cover." Our observations at the time of the inspection showed the deployment of staff within the service was suitable to meet people's needs. Current staffing levels ensured people's care and support needs were provided in a timely manner and staff were able to respond to the changing needs and circumstances of people using the service. However, the incidence of falls since January 2018 had increased each month, particularly between 8.00 p.m. and 8.00 a.m. The registered manager and regional manager were advised to look into this and consider 'piloting' additional staff at night for a short period of time to see if this reduced the frequency of falls.

Comments about the provider's medicines management arrangements from people using the service and those acting on their behalf were positive, as people confirmed they received their medication as they should. Our observations showed that people received their medication in a timely manner as the medication rounds were evenly spaced throughout the day to ensure that people did not receive their medication too close together or too late. People's medication preferences were documented so staff knew how to give medicines in a way that suited that person. Staff who administered medication were appropriately trained and had their competency assessed at regular intervals to ensure their practice remained safe.

Suitable arrangements were in place to record when medicines were received into the service, given to people and disposed of. We looked at the Medication Administration Records [MAR] for 16 out of 47 people living at the service. These were now in good order, provided an account of medicines used and demonstrated that people were administered their medication as prescribed. Where people were prescribed medication dependent on the results of a blood test, for example Warfarin, information relating to this was kept with the MAR form and specific instructions and adjustments relating to the dose of this medication were followed.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance. In August 2017 the service was closed for a short time because of a respiratory outbreak and in December 2017 was closed again for a short time because of the Winter 'vomiting bug'. All appropriate actions were taken by the service and external agencies such as the Local Authority, Health Protection Agency and Care Quality Commission had been notified.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and

incidents and to learn from these. For example, since our last inspection to the service in August 2017, the service had introduced a free of charge mobile messaging service for people's relatives and visitors, to keep them updated regarding upcoming events, entertainment or other important communications. Where medication errors had occurred, steps were taken to review and learn from these. Complaints management, in particular internal investigations, were now more robust.

Is the service effective?

Our findings

Effective was previously rated as 'Requires Improvement' at our last inspection on the 10 and 11 August 2017. Not all staff had received refresher and up-dated manual handling training and poor manual handling practice by some members of staff was seen to be unsafe and inappropriate. Not all staff had received a robust induction, regular formal supervision or an annual appraisal of their overall performance relating to the preceding 12 months. At this inspection, we found that the required improvements as detailed above had now been made and 'Effective' was now judged as 'Good'.

Suitable arrangements were in place to ensure that staff received training at regular intervals so that they could meet the needs and preferences of the people they cared for and supported. Staff training records showed that staff had received mandatory training in line with the provider's expectations in key areas and the majority of training viewed was up-to-date and this included manual handling training. Moreover, staff had received a variety of training relating to the specialist needs of the people they supported, for example, pressure ulcer management, diabetes, positive behaviour support and restrictive practice and sepsis. This was confirmed by staff as accurate.

Staff received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. In addition to this staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate' or an equivalent robust induction programme where they did not have previous care experience or had not attained a National Vocational Qualification [NVQ] or qualification undertaken through the Qualification and Credit Framework [QCF]. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Staff told us they now felt supported by the management team, in particular by the registered manager. Supervisions were now completed at regular intervals allowing staff the time to express their views, to reflect on their practice and key-worker role and to discuss their professional development. Staff had received an annual appraisal of their overall performance for the period 2017 to 2018.

People's comments about the quality of the meals provided were mostly positive. Comments included, "The food is quite nice" and, "I like the food, there is plenty of it." People received sufficient food and drink throughout the day and mealtimes were flexible to suit their individual needs. The nutritional needs of people were identified and where people who used the service were considered to be at nutritional risk, referrals to a healthcare professional, such as Speech and Language Therapist, had been made and guidance followed by staff.

Staff worked well with other organisations to ensure they delivered good joined-up care and support. The registered manager and staff team knew the people they cared for well and liaised with other organisations to ensure the person received effective person-centred care and support. This was particularly apparent where people's healthcare needs had changed and they required the support of external organisation's and

agencies to ensure people's welfare and wellbeing. This referred specifically where people using the service had received support from the Speech and Language Therapy Team [SALT], Dementia Intensive Support Service [DISS], district nurse team and local palliative care team.

People told us their healthcare needs were met and that they received appropriate support from staff. Relatives confirmed they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. Care records showed that people's healthcare needs were clearly recorded, including evidence of staff interventions and the outcomes of healthcare appointments. Healthcare professionals spoken with at the time of the inspection were complimentary about the service. They confirmed that the management team and staff always demonstrated a good knowledge and understanding of the needs of people using the service; and always followed their instructions and any advice provided.

People lived in a safe and well maintained environment. People's diverse needs were respected as their bedrooms were personalised to reflect their own interests and preferences; and contained their personal possessions. People had access to comfortable communal facilities, comprising of communal lounges and separate dining areas. Adaptations and equipment were in place in order to meet peoples assessed needs.

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 the 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]. 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 had a good knowledge and understanding of MCA and Deprivation of Liberty Safeguards (DoLS). Staff were observed during the inspection to uphold people's rights to make decisions and choices. Information available showed that each person who used the service had had their capacity to make decisions assessed. 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 and where these had been authorised the registered manager had notified the Care Quality Commission.

Is the service caring?

Our findings

Caring was previously rated as 'Requires Improvement' at our last inspection on the 10 and 11 August 2017 as the inspection highlighted that Rose Martha Court was not providing a caring service and staffs practice required significant improvement. At this inspection, we found that the required improvements had now been made and 'Caring' was now judged as 'Good'.

People and those acting on their behalf told us they and their member of family were treated with care and kindness by staff. One person told us, "They [staff] do care for me and help me." Another person told us, "The staff are very nice, they look after me well." Relatives confirmed they were very happy with the care and support their member of family received at Rose Martha Court. One relative told us, "[Staff member's name] is new, but is very caring. Everyone who cares for [relative] is brilliant." Another relative told us, "The staff are all considerate and kind, anything you need you can ask and staff are always available."

Our observations showed that people now received person-centred care and they had a good rapport and relationship with the staff who supported them. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them. Staff confirmed that no-one at the time of the inspection required specialist assistive technology.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through reviews and through the completion of annual questionnaires. The registered manager confirmed that people's relatives advocated on their behalf and at present no-one had an independent advocate. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us that the care and support was provided in the least intrusive way and that they were treated with dignity and respect. We saw that people were supported to maintain their personal appearance 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. People were supported to be as independent as possible. We saw that staff encouraged people to do as much as they could for themselves and according to their individual abilities and strengths. We observed some people being able to eat independently and people told us they could maintain some aspects of their personal care without or with limited staff support.

People were supported to maintain relationships with others. People told us their friends and family members could visit at any time and there were no restrictions when they visited and they were always made to feel welcome. Staff told us that people's friends and family were welcome at all times. Relatives

told us they were regularly offered a drink when they visited.

Is the service responsive?

Our findings

Responsive was previously rated as 'Requires Improvement' at our last inspection on the 10 and 11 August 2017. People's comments about social activities were variable, particularly for people living with dementia. People were either asleep or disengaged with their surroundings and there was an over reliance on the television. At this inspection, we found that the required improvements as detailed above had now been made and 'Responsive' was now judged as 'Good'.

Arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were actively involved in this process. The majority of recommendations and referrals to the service were made through the Local Authority. The Local Authority completed an initial assessment which together with the service's assessment; was used to inform the person's care plan and other supporting documentation.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, what was important to them and their personal preferences. This included information relating to people's social care needs. Information available showed that people's care plans were reviewed and updated to reflect where their needs had changed. This ensured staff had the most up-to-date and accurate information available. Relatives confirmed they were able to see their family member's care plan and to contribute to its content.

Observations showed care provided for people using the service was responsive and less task and routine focused. The seating arrangements within communal lounge areas had been changed to enable people to communicate in small groups or to participate in smaller group activities. People were supported during both days of inspection to participate in a range of activities. For example, people were supported and enabled to look at newspapers and magazines, some people were encouraged to play board games and one person responsible for activities provided one-to-one time for people who preferred to stay in their bedroom or who were unable to access the communal lounge areas. People were also enabled to watch the football world cup each day and within one smaller communal lounge the football fixtures/timetable was displayed.

On the second day of inspection, a group of children under the age of five with their mum's met with a small group of people living at Rose Martha Court. We were advised by the person responsible for providing activities that over a 10 week period the group would meet to undertake small art projects, enabling positive friendships to form and enable people to share memories. This was inspired by a Channel 4 documentary based in a care home which brought together different generations. People using the service told us they greatly enjoyed these sessions and looked forward to being with the children and their parent. Additionally, the service was due to shortly host a 'Cats Rehoming Day' in conjunction with the local Cats Protection League. A themed 'Hawaiian' open day with Bar-be-Que was planned for the beginning of August 2018. The registered manager confirmed that Rose Martha Court and another local care service continued to visit each other alternate Thursdays for afternoon tea.

The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service. Records showed since our last inspection in August 2017 there had been 10 complaints. A record was maintained of each complaint detailing the specific nature of the complaint, action taken and the outcome. People told us they would either speak to a family member or member of staff if they had any worries or concerns. People indicated they were confident their complaints or concerns would be listened to, taken seriously and acted upon. One relative told us, "If I had a problem, I am sure they [management team] would respond accordingly." Another relative told us, "The registered manager is nice and is always around so that you can speak to him." A record of compliments was maintained to evidence the service's achievements.

The registered manager confirmed two people living at the service were assessed as requiring end of life care. Information showed that each person had an end of life care plan in place and advanced care planning discussions held. This suggested people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. The registered manager confirmed they worked closely with relevant healthcare professionals, such as the local palliative care team and provide support to people's families and staff as necessary.

Is the service well-led?

Our findings

Well-Led was previously rated as 'Requires Improvement' at our last inspection on the 10 and 11 August 2017. The service's quality assurance and governance arrangements were not as effective as they should be to ensure people received a good level of care and regulatory requirements were met. At this inspection, we found that the required improvements as detailed above had now been made and 'Well-Led' was now judged as 'Good'.

A registered manager was in post. No changes to the management team had occurred since our last inspection to the service in August 2017, however a new regional manager had been assigned to Rose Martha Court to provide on-going support to the management team. The registered manager demonstrated an awareness and understanding of their key role and responsibilities and had resources and support available from within the organisation to help drive improvement and to monitor the quality of the service provided. This included liaising with the organisation's Human Resources Department, their quality monitoring team and estates services.

The registered manager monitored the quality of the service through the completion of a number of audits at regular intervals. The findings of these showed a good level of compliance had now been achieved and where areas for improvement were highlighted, an action plan was completed identifying the actions to be taken. The registered manager and regional manager confirmed all actions were transferred to the 'Home Improvement Plan' and this was monitored at both registered provider and service level. In addition to these, clinical audits relating to pressure ulcers, urinary tract infections, accidents and incidents including falls and nutrition were completed. These provided both qualitative and quantitative information and showed arrangements were available for the gathering, recording and evaluation of information about the quality and safety of the care and support the service provided, and its outcomes.

In addition to the above, the use of questionnaires for people who used the service, those acting on their behalf and staff were completed in February 2018 to seek their views about the quality of the service provided and to have an understanding of what it is like to work for the organisation. Responses were received from five people who use the service, four visitors and 16 members of staff and a report collated detailing the results, including a summary of actions to be completed. The latter detailed the main findings from the questionnaire together with the actions already taken or to be taken and was clearly displayed within the service for people to see. Comments from people and those acting on their behalf were mostly positive. One visitor wrote, "I would say that my relative's quality of life has greatly improved since entering the home."

The above arrangements demonstrated the registered provider and registered manager were aware of the need to have good quality assurance processes and arrangements in place to help drive continuous improvement within the service and to achieve compliance with the fundamental standards and regulatory requirements. Meetings for people using the service and those acting on their behalf were held at regular intervals to enable them to have a voice and to raise issues. Staff meetings had been held so as to give staff the opportunity to express their views and opinions on the day-to-day running and quality of the service.

