

Larchwood Court Limited

Larchwood Grove

Inspection report

60 Parrock Road
Gravesend
Kent
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Tel: 01474352722

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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 comprehensive inspection took place on the 4 January 2018 and was unannounced.

This service 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.

Larchwood Grove is privately owned, providing personal care and accommodation for up to ten adults with learning disabilities. There were ten people living at the service at the time of the inspection. People had complex needs, including mental health and physical health needs.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People continued to feel safe. Staff understood their roles and responsibilities to safeguard people from the risk of harm and risks to people were assessed and monitored regularly.

The premises continued to be appropriately maintained to support people to stay safe. Staff understood how to prevent and manage behaviours that the service may find challenging.

Staffing levels ensured that people's care and support needs were continued to be met safely and safe recruitment processes continued to be in place.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been made to ensure that people were only deprived of their liberty, when it had been assessed as lawful to do so. Staff understood the Mental Capacity Act 2005 and how to support people's best interest if they lacked capacity.

People's needs and choices continued to be assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles.

Risks continued to be assessed and recorded by staff to protect people. There were systems in place to monitor incidents and accidents. There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service.

Staff continued to support people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

Medicines continued to be managed safely. The processes in place ensured that the administration and handling of medicines were suitable for the people who used the service.

Staff were caring and compassionate. People were treated with dignity and respect and staff ensured their privacy was maintained. People were encouraged to make decisions about how their care was provided. Staff had a good understanding of people's needs and preferences.

Systems continued to be in place to ensure the premises was kept clean and hygienic so that people were protected by the prevention and control of infection.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment.

The service had an open culture which encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive improvement.

There were policies in place that ensured people would be listened to and treated fairly if they complained about the service.

Quality assurance audits were carried out to identify any shortfalls within the service and how the service could improve.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Larchwood Grove

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 comprehensive inspection took place on the 4 January 2018 and was unannounced.

The inspection team consisted of an inspection manager, an 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.

Prior to the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. We also asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned a PIR within the set time scale.

During this inspection we spoke with four people using the service and four of their relatives to gain their views about the service. We spoke with four members of staff on the day of our visit. They included the registered manager, two senior support workers, one support worker and one cleaner. We observed the interactions between people who used the service and staff throughout the day. People used verbal communication and used a mixture of sounds, gestures and signs to communicate their needs.

We reviewed the care records of four people that used the service which included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for five members of staff to see how the provider operated their recruitment procedures. Other records we examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

We also viewed the safeguarding, recruitment, infection control, medicines and complaints policies.

Is the service safe?

Our findings

People continued to feel safe with the support they were receiving. We asked people if they felt safe and they indicated positively, both verbally and through gestures. A relative told us, "I feel my son is in the best place, he is safe and well supported by staff who understand him very well."

Staff told us and records showed they had received appropriate training with regards to safeguarding and protecting people. One staff member told us, "If I have any concerns I would tell my manager and she would report it further on." Staff could describe the different types of abuse and were clear of the actions they should take if they suspected abuse or if an allegation was made. The contact details of the local authority safeguarding team and the Care Quality Commission were displayed on the staff notice board which meant that staff could easily access these and take appropriate action to keep people safe. There was also a whistleblowing policy that staff could access. This gave staff guidance on how to report concerns in the workplace both internally and externally in confidence. Staff knew how to raise whistleblowing concerns and one staff told us, "If I see something wrong happening, I will report it."

Risk assessments were in place to reduce the likelihood of injury or harm to people. These included accessing the community, road safety, manual handling, eating and drinking and management of medicines. They were completed in a way that allowed people as much freedom as possible, and promoted people's independence. For example, it was identified that a person needed support when crossing the road and this could cause them to become anxious. There were clear guidelines in place on how to support this person to go out safely and reduce his anxieties and for staff to talk to him and hold his hand while crossing the road. The risk assessments had been reviewed on a regular basis to make sure they remained up to date and reflected changes to people's circumstances.

Staff understood how to prevent and manage behaviours that the service may find challenging. They told us, and records confirmed they regularly completed training to meet people's specialist needs such as, dementia, autism and epilepsy. Staff had also completed practical training in behaviours that challenge and behaviour intervention. This is training on how to manage behaviours that could challenge the service. This meant that staff knowledge was up to date and followed the most recent best practice guidance.

Staff continued to be recruited safely following robust recruitment processes. The recruitment procedure included processing applications, conducting interviews and seeking references. We saw checks were made before staff began work, including a Disclosure and Barring Service (DBS) check. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with people.

There continued to be enough staff to support people safely. A relative told us, "Staff are always there to help" and another relative said, "There are always enough staff present when we are visiting." Staff said they felt there were sufficient staff to meet people's needs and the registered manager commented, "We use agency staff on extremely rare occasions." During the inspection, we saw that there were sufficient numbers of staff on shift to support people and rotas showed that staffing level was consistent. Staff had time to

support people in the way they preferred. People were not rushed. For example, at lunch time one person needed support with his meal, he was supported by a staff member at a pace that was suitable for him. Staff interacted positively and praised the person throughout the meal.

People told us they received the support they needed to take their medicines as prescribed. One person told us, "The staff give it to me with water" whilst a relative told us, "I am happy with how the staff manage my daughter's medicines. I trust them." We saw records of medicine profiles in people's files, which had details of their medicines, allergies, any side effects and the times they were to be given. People continued to have regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us and records confirmed they were trained to administer medicines safely. Staff competency checks continued to be assessed yearly by the registered manager.

There continued to be safe systems in place for the ordering, receipt, storage, administration, recording and disposal of medicines. Medicines held by the service were securely stored and were kept at the correct temperature to ensure they were safe to use. Medication administration records (MAR) were clearly and accurately completed which meant that people received their medicines as prescribed by their GP. There were body charts in place to direct staff to the correct part of a person's body for applying prescribed creams. Medicine stock checks were carried out daily by senior staff to ensure that medicines were secure and accounted for and the registered manager checked these as part of their monthly audits.

Regular environmental and health and safety checks continued to take place to ensure that the environment was safe and that equipment was fit for use. The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Water temperatures were monitored to ensure people were not at risk of scalding. Appropriate measures were in place to safeguard people from the risk of fire. Staff had been trained in fire safety awareness and first aid to be able to respond appropriately. Regular checks were carried out on the fire and smoke alarms to make sure they were working properly. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements that each person had to ensure that they were safely evacuated from the service in the event of a fire.

There was an up to date emergency procedure in place. This included details of how staff should manage different kinds of foreseeable events. Plans were in place indicating where people would be accommodated if they were unable to return to the home after a fire. The provider had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time. Accidents and incidents were recorded, and remedial action taken, where necessary. For example, when a person was frequently getting upset and shouting at other people, staff were advised to spend time with the person and encourage them to talk about what was causing them to become upset and this significantly reduced the frequency of similar incidents from happening.

At the previous inspection we found the home to be clean and tidy. As this inspection we found this continued to be the case. The registered manager informed us there were plans in place to change the flooring on the staircase and landing. The service employed a full time cleaner who was responsible for cleaning all communal areas and people's rooms. People were protected by the prevention and control of infection. Staff told us they had received training in the control of infection and food hygiene. We saw that staff had access to appropriate personal protective equipment [PPE] such as gloves and aprons to use when required.

Is the service effective?

Our findings

People continued to receive care from staff who had the knowledge and skills to meet their needs. People and their relatives spoke well of staff, comments included; "Staff members do a brilliant job" and "I can't fault them." A relative told us, "The staff are marvellous. It is better than I could wish for", whilst another relative said, "The staff are properly trained and they know what they are doing. We trust them completely."

People's care continued to be effectively assessed to identify the support they required. There were comprehensive needs assessments in place, detailing the support people needed with their everyday living. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. These care plans contained clear instructions for the staff to follow so that they understood how to meet individual care needs. For example, "I would like to wake up with a cup of tea" and "I like my music to play when I am getting up."

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. We found the service continued to work within the principles of the MCA 2005. The registered manager had a good understanding of the MCA 2005 and staff had an understanding of how these principles applied to their role and the care they provided.

Where people had been assessed as having the capacity to understand and consent to issues such as agreeing staff should support them with their medicines or personal care, this was recorded within their care plans. This consent to care was periodically reviewed. Staff showed a good understanding of protecting people's rights to refuse care and support. Staff were clear where people had the mental capacity to make their own decisions, this would be respected.

At the previous inspection we had found the service supported staff to access training and update their skills. At this inspection staff told us they continued to have access to training to give them the necessary skills and knowledge to provide people's care and to carry out their roles and responsibilities. They also said they were given opportunities to gain qualifications relevant to their roles. One staff told us, "I am constantly encouraged by the manager and given the opportunity to gain more qualifications. I have completed my NVQ level 2 and 3. I have now enrolled on level 5." Another staff member told us, "My induction was very good. I had the opportunity to work with an experienced staff member until I felt confident to work on my own."

Training records showed that staff had completed training courses relevant to their role to effectively support the people they looked after. These included moving and handling, fire safety, safeguarding people, medicine administration, autism awareness, dementia awareness, infection control and food hygiene. Staff training and the need to ensure it was kept up to date was covered both in staff meetings and supervision meetings.

Staff told us that they were provided with regular supervision and felt well supported. One staff member

said, "I find supervision useful and we can talk about anything really", another staff told us, "I feel well supported by the manager and I have regular supervision meetings with her." We saw records that showed staff received regular supervision and an annual appraisal during which each staff member had their performance rated. Appraisal paperwork did not capture the discussion between the staff member and line manager. We discussed this with the registered manager; while staff clearly had an appraisal the recording of the appraisal could be improved to include the discussion between staff member and line manager and give the opportunity to the staff member to record their own thoughts on their work performance and career aspirations.

At the previous inspection we found people were supported to access sufficient food and fluids. At this inspection people told us they liked the meals at the home, which was freshly cooked daily. There was evidence people were supported to make choices about the meals they enjoyed. People's nutritional needs were reviewed and regular checks maintained on their weight. Staff told us that where possible they encouraged people to be involved with the preparation of their meals and to make healthy choices.

Within the support plans we saw there was guidance for staff in relation to people's dietary needs and the support they required. For example, for a person who was diabetic, there were detailed guidance for staff on how to support and encourage the person to eat healthy, e.g. by always checking sugar contents in food items and making sure sugar free options were available. Another example was for a person who observed a strictly vegetarian diet. Staff were able to tell us about this person's dietary needs and how they supported her with this, e.g. her food was prepared and cooked separately, staff checked the person's packed lunch daily and always having a vegetarian option on the menu.

People continued to be supported by staff to use and access a wide variety of other services and social care professionals. We found that regular reviews were held with a multidisciplinary team including people's GP, psychiatrist, mental health teams and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People and their relative told us staff supported them in a timely manner with their healthcare needs. A relative commented, "We are always informed about any health appointments. If there is a problem or an update the staff will let us know." Records showed each person had a health care plan that set out their medical history and current health needs. These were available in pictorial format and included instructions for staff on what to do to support people to stay as healthy as possible. People also had hospital passports in place. These contained important information about the person, their health history and preferences that can be passed quickly to health care staff if the person is admitted to hospital.

People's diverse needs were met by the adaptation, design and decoration of the premises. For example, we saw that each person had their own bathroom, which was equipped with the equipment they needed, i.e. tracked ceiling hoist, shower chairs and adapted baths. There were adaptations within the premises like wooden rails along the corridors to reduce the risk of people falling. There was a lift within the premises for people who could not use the stairs. People's bedrooms were personalised with their belongings and were decorated according to their choice. The registered manager told us people had been involved in choosing the colour schemes for redecoration of their bedrooms.

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well. They had developed positive relationships over time as they were supported by the same staff on a regular basis. One person said, "The staff are good." Another person told us, "They look after me and care for me." A relative told us, "I am very pleased with the staff; they are very good" whilst another relative said, "All the staff there are caring." We observed staff working and speaking with the people present at the time of the inspection. They spoke in a respectful tone, did not rush their speech and gave people time to respond. Staff had good rapport with people and demonstrated they knew all about their likes and dislikes when speaking with them.

Staff we spoke with demonstrated a caring approach to people and expressed that they wanted to provide care that met people's needs to improve their quality of life. Staff told us they had sufficient time to listen to people and spend time with them. Staff we spoke with knew about people's care needs and were able to explain people's preferences and daily routines. One staff said, "I do everything in the way they prefer, I take care of their preferences and choices" and another staff told us, "This is their home, we have to respect how they wish to be supported and give them choices." We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service.

The staff approach and values of the service was focused on people's strengths and abilities. People were treated as individuals and had outcome focused care plans in which, they and people important to them, were involved in completing and reviewing on a regular basis. They included information about people's areas of strength, interests and choices. We saw that people's goals had been agreed with them and their choices respected. This was recorded in a format that could be easily understood by people using the service. People were supported in making decisions by care managers and relatives, who acted as advocates when important decisions were required.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the inspection. They were able to explain to us about the care and support people needed. Staff actively involved people and their relatives in making decisions and asked them what they would like.

Staff knew people's individual communication skills, abilities and preferences. For example, one person understanding of English was very limited. The staff team worked with the person's family and a translator to put together a communication passport to help staff communicate better with the person, using basic words from their first language. This helped staff understand the person better and meant that the person was getting the right support when they needed this. People and their relatives were also able to comment about the care and the support they received through regular reviews, informal discussions, meetings and feedback questionnaires sent out by the provider.

We saw that people's privacy and dignity continued to be actively supported, with people having access to

their own personal rooms as well as communal areas. One person told us, "The staff members do let me relax if I want to be on my own." People were also supported to maintain their independence, as far as possible, and were encouraged to participate in the cleaning and tidying of their rooms and the communal areas and participate in meal preparations. One person told us, "I feel supported to be independent with my friends, I chop vegetables." Care plans identified that people should be encouraged to do as much as possible for themselves, in relation to their personal care.

Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others and when they have handovers or meetings, they do so in a private area so they would not be overheard. Files were kept in locked cabinets in the office, which was accessible to staff only.

Is the service responsive?

Our findings

People and their relatives told us they were involved in their care and support. They said they had been involved in planning their care so the support provided could meet their needs. They told us they were not worried and could talk to staff if they had any concerns. Comments from people and their relatives included, "I get on with all staff", "They know and understand my son so well. I am very reassured by the staff working there" and "The communication is very good. They always call if there are any changes."

People's needs were fully assessed prior to admission so that a comprehensive care and support plan could be developed to meet their diverse needs. The registered manager told us that as part of the pre-admission process, people and their relatives were involved to ensure that staff had a good insight into people's personal history, their background, their individual preferences, interests and future aspirations. From this information, a personalised plan of care and support could be put together ensuring the person was at the centre of their care.

At the previous inspection we found care records were person centred. At this inspection we found this continued to be the case, with care plans detailing how staff should support people's individual needs. Care plans contained good detail for staff to follow; such as the action they should take to support people, whether in the home or out in the community. Care plans were reviewed on a regular basis, involving people in this review. Daily records were also recorded against each care area, detailing matters such as people's moods, personal care received, their dietary intake and what activities they had participated in.

People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Throughout our inspection we observed that staff supported people in accordance with their care plans.

Staff were actively involved in supporting people to engage, promote and build key relationships with family and friends outside of the service. A relative commented, "We are always made to feel welcome. There are no restrictions to us visiting. We are always offered a drink when we visit."

People living at the service continued to be supported to participate in a range of activities, including attending day centres. 'Residents' meeting records confirmed discussions took place with people regarding activities they wished to organise, holidays and places they wished to visit. Relatives told us they felt there was access to a range of events and activities. A relative told us, "The staff support my daughter to go out almost every day, she is kept busy and I am very happy with this."

People were supported to follow their interests and take part in social activities. One person said, "Staff take me to church." The registered manager told us people were recently supported to attend concerts to see the performance of their favourite artists. Another person was supported to attend football matches every other week to see their favourite team play.

The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People we spoke with knew how to report any concerns. There was a complaints procedure on display in the main entrance and a notice encouraging relatives or other visitors to raise any concerns with the registered manager. This was available in pictorial form if required. Staff told us that some people showed their concerns in different ways either verbally, or by facial expressions. One person told us, "I have no complaints here." A relative told us, "When I have complained in the past, this was resolved quickly by the manager." The registered manager told us, "When we receive any complaints, we like to get things sorted as soon as possible so that it is resolved quickly."

The complaints records showed that two complaints had been received in the last year. There were procedures in place to deal with complaints effectively, records were fully completed, investigated and responded to appropriately. The manager shared the learning with the staff team with the aim to make improvements at the service.

Is the service well-led?

Our findings

People and their relatives spoke positively of the staff and management team. One person told us, "It's easy talking to the manager, I've got fantastic staff", whilst other people said, "I can't fault them", "I like the manager very much" and "they help me out if anything is wrong." A relative commented, "Staff and the manager are open and approachable. They have time to speak to you."

The management team included the provider and the registered manager. The registered manager was familiar with their responsibilities and conditions of registration. The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team when required.

The registered manager told us they felt supported by the provider and had regular phone contact and visits. The provider understood their obligation in relation to submitting legal notifications to the Commission. The Provider Information Return (PIR) we requested was completed within the specified time frame.

The provider had a clear vision and set of values for the service. These were described in the Statement of Purpose, so that people had an understanding of what they could expect from the service. The provider demonstrated her commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. The staff team demonstrated these values in the way they provided support to people.

Staff were positive about the provider and of their employment. There were regular team meetings and staff told us they felt listened to and valued. One of the staff we spoke with said, "The communication is good and I am always informed of any changes." Staff described management as "flexible, supportive, open, approachable and caring." Staff told us they enjoyed working at the home and found supporting the people who lived there very rewarding.

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided to people. Team meetings were held which covered a range of subjects, including staff training, key worker roles and medicine systems. Staff were also encouraged to raise any concerns in the meeting and offered a forum for discussion and learning. We saw minutes of meetings held, and staff we spoke with confirmed they took place.

Feedback from staff, people and relatives had been sought via questionnaires and meetings. This helped the provider to gain feedback from people and relatives on what they thought of the service and areas where improvement was needed. Responses received from relatives were positive.

At the previous inspection, we saw the registered manager undertook a range of checks and audits on the home and the delivery of care. At this inspection, we saw this continued to be the case and a range of

measures were in place to ensure care delivery was safe and effective. Audits carried out included infection control, environmental checks, medicines, care plans, daily records and health and safety. Where areas required attention actions had been taken. For example, we saw the flooring was in need of replacement. This had already been identified by the registered manager and new flooring was being sourced.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. The registered manager was complying with the service registration requirements. Appropriate notifications of events, DoLS applications and safeguarding issues were sent to CQC in line with legal requirements.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.